

# REM, IT IS TIME: COUNT ME IN!

As a member of Top Practices Mastermind Group I will receive access to three closed-door group meetings per month where we discuss effective practice marketing plans and easy ways to implement them; access to a 4th open office hours meeting each month to make sure I am staying motivated to achieve my goals, manage priorities, and create an exceptional office environment; recorded audio CDs of meetings so I never miss a thing; emails from Rem each month filled with examples and samples of marketing tools that are producing results plus resources I can use to save money and get things done quickly; unlimited email access to Rem, and the ability to engage the Top Practices Virtual Marketing Director Services (exclusive to Top Practices Members). In addition, I will receive the Top Practices Quickstart Guide to Marketing Your Podiatry Practice for FREE, and it's mine to keep no matter how long I stay in the group. All of this comes along with Rem's Personal Super-Strength Guarantee so there is no risk to me. Also, I will receive *The Slight Edge* by Jeff Olson as an Extra Bonus if I sign up now.

**FAX TO 717-625-0552 or EMAIL TO [ORDERS@TOPPRACTICES.COM](mailto:ORDERS@TOPPRACTICES.COM)**

As soon as we receive it we'll contact you with details.

**Date of Application** \_\_\_\_\_

**Practice/Company Name** \_\_\_\_\_

**Client Name** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Alt phone** \_\_\_\_\_

**Email(s)** \_\_\_\_\_

## Electronic File Transfer (EFT)

**ABA Routing Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Bank Name** \_\_\_\_\_

**Name on Bank Account** \_\_\_\_\_

**Bank account type:**      **Business Checking**      **Checking**      **Savings**

*(Please note there will be a \$25 fee for insufficient funds or returned checks.)*

**Credit card info:**      **Card on File**      **Visa**      **AmEx**      **MC**      **Discover**

**Card no.** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Name on card** \_\_\_\_\_

## Billing address for credit card if different than above:

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Your credit card will be charged ~~\$459.00~~ \$397/month as long as you choose to remain a member.

**Fax this application to 717-625-0552 or email it to [orders@TopPractices.com](mailto:orders@TopPractices.com)**

I want to join both The Top Practices Marketing Mastermind Group AND The Top Practices Practice Management Institute at the combined rate of \$646/month (guaranteed for two years).

For recorded calls, I prefer to:      download MP3s myself      receive them on CD in the mail

**APPLICATION FORM**