

I'M READY TO MANAGE MY PRACTICE LIKE A PRO!

I'm ready to get started. As a member of Top Practices Practice Management Institute, my staff will receive regular coaching and mentoring sessions led by Tina Del Buono and other practice management experts, plus access to the Top Practices Practice Management Library—which includes full training modules in all aspects of practice management, plus all the tools we need to create our own practice manual. In addition, as a doctor, I will receive special monthly sessions with Dr. Peter Wishnie to coach me on managing my practice at the optimal level and to make sure my staff is performing as an A-team, plus by acting now I will receive a free one hour private consultation with Tina Del Buono. I understand that my credit card will be charged \$399/month (\$247/month for current Top Practices mastermind members). All of this comes along with Top Practices' Personal Super-Strength Guarantee – so there is no risk to me.

FAX TO 717-625-0552 or EMAIL TO ORDERS@TOPPRACTICES.COM

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

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

Practice Name _____

Client/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** _____

APPLICATION FORM