

## EACH COURSE IS TAUGHT BY LEEANN PENICHE AND LIMITED TO 12 STUDENTS.

## **TESTIMONIALS**

"LeeAnn is so motivating and gives you the tools for success! Her team is AMAZING!"

Melissa- Walters Orthodontics

"Being a new TC this course gave me great insight on how to not only do my job but how to exeed expectations. (Thank you for welcoming us into your beautiful home.)"

Lisa- Chapman Smiles

## WHAT TO EXPECT

Through the proven Peniche Systems you will:

- Identify and remove obstacles
- Trial Close
- Integrate the Virtual and TC only Exam
- Maximize the New Patient Exam schedule
- Identify statistical trends
- Maximize your Observation Program
- Re-enroll Pending Patients
- Increase visibility
- Differentiate your practice from the New Patient Phone Call through the final days of Retention

## YES ACADEMY<sup>TM</sup> THE BUSINESS OF EXCELLENCE

| COMPLETE THIS FORM AND EMAIL TO INFO   | @PENICHETEAM.COM OR FAX TO (503) 666-4937   |
|--|---|
| SELECT DATE:   |   |
| PLEASE CALL FOR DATES! CATION: 22660 SE STARK ST, GRESHAM, OR 97030 DURSE HOURS: THURSDAY 8:30 AM - 4:00 PM · FRIDAY 8:30 AM - 12:00 PM DURSE FEE: \$1,480  DUDGE: 3 MONTHS OF POST-COURSE SUPPORT. EACH COURSE IS TWO DAYS WITH A CONTINENTAL EAKFAST, CATERED LUNCH, AND AN AFTERNOON RECEPTION ON THE FIRST DAY.  AME: DATE: RACTICE NAME: DOCTOR'S NAME: DORESS: CITY: STATE: ZIP: ELL PHONE: OFFICE PHONE: ERSONAL EMAIL: WEBSITE: DOCTOR'S EMAIL: AVERAGE MONTHLY STARTS: GE OF THE PRACTICE: NUMBER OF OFFICES/SATELLITES: FFICE SOFTWARE: DOW MANY YEARS HAVE YOU BEEN WITH THE PRACTICE? YOUR OFFICE PART OF A DENTAL SERVICE ORGANIZATION? YES NO IF YES, DSO: AVE YOU ATTENDED ANY OF OUR COURSES OR LECTURES? YES NO IF YES, WHO: RACTICE GOALS:  LID PORT OF MASTER COURSES HOWEVER, SOW OF THE YES ACADEMY COURSE. HOWEVER, 50% of the tion may be transferred once to a future YES Academy Course.  LARGE MASTER CATERON DATE: CVC:  LARGE MASTER CATERON DATE: CATERON DATE:  LARGE MASTER CATERON DATE: CATERON DATE:  LARGE MASTER CATERON DATE:  LARGE MASTER CATERON DATE:  LARGE MASTER CATERON DATE:  LARGE |   |
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| NAME:  | DATE:   |
| PRACTICE NAME:   | DOCTOR'S NAME:  |
| ADDRESS:   | CITY: STATE: ZIP:   |
| CELL PHONE:  | OFFICE PHONE:   |
| PERSONAL EMAIL:  | WEBSITE:  |
| DOCTOR'S EMAIL:  | AVERAGE MONTHLY STARTS:   |
| AGE OF THE PRACTICE:   | NUMBER OF STAFF:  |
| NUMBER OF DOCTORS:   | NUMBER OF OFFICES/SATELLITES:   |
| OFFICE SOFTWARE:   |   |
| HOW MANY YEARS HAVE YOU BEEN WITH THE PRACTI   | ICE?  |
| IS YOUR OFFICE PART OF A DENTAL SERVICE ORGANIZ  | ZATION? YES NO IF YES, DSO:   |
| HAVE YOU ATTENDED ANY OF OUR COURSES OR LEC  | TURES? YES NO IF YES, COURSES:  |
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| Please check one: ☐ Master Card ☐ Visa ☐   | American Express  |
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| Your confirmation packet will be sent to you via en  | mail and will include instructions to assist in booking your  |
| hotel reservations. Please confirm registration prior to booking your travel arrangements.   |   |

☐ Please check here if you do not want to receive future emails on upcoming courses and events.