

1

Choose Your Course Location & Date

Private Practice Secrets

~~-(reg. \$899)-~~
\$799

CA, Newport Beach	Jan	<input type="checkbox"/> 23-24 (Sat-Sun)
FL, Orlando	Feb	<input type="checkbox"/> 12-13 (Fri-Sat)
DC, Washington	Mar	<input type="checkbox"/> 6-7 (Sat-Sun)
NV, Las Vegas	Apr	<input type="checkbox"/> 23-24 (Fri-Sat)
TX, Houston	May	<input type="checkbox"/> 29-30 (Sat-Sun)
MA, Boston	Jun	<input type="checkbox"/> 19-20 (Sat-Sun)
	Jul	<input type="checkbox"/> 17-18 (Sat-Sun)
CA, Newport Beach	Aug	<input type="checkbox"/> 27-28 (Fri-Sat)
IL, Chicago	Sep	<input type="checkbox"/> 24-25 (Fri-Sat)
NY, New York	Oct	<input type="checkbox"/> 23-24 (Sat-Sun)
HI, Kauai	Nov	<input type="checkbox"/> 11-13 (Thu-Sat)

Add-a-Course

~~-(reg. \$399)-~~
\$199

- 14 Add: Clinical Excellence Course (Sun)
- 25 Add: Automation & Profit Course (Sun)
- 29 Add: Clinical Excellence Course (Sun)
- 26 Add: Automation & Profit Course (Sun)
- 14-16 Add Both Automation and Clinical Ex Courses for only \$199 (Sun-Tue)

(Optional) Add **"Technical Startup Steps"** from 4:30-6:00pm on the first day for only **\$49**.

2

Add-a-Buddy for only \$199 (optional)

Yes, I'd like to add _____ Buddy(s) for \$199 each.
Bring an employee, associate, friend, spouse, etc.

#1 Buddy Name _____

Email _____

#2 Buddy Name _____

Email _____

#3 Buddy Name _____

Email _____

www.IndeFree.com
(800) 801-4511

3

Make Payment & Reserve Your Seat

1 FAX the info below to (408) 228-0711

Name _____

Occupation _____

Phone # _____

Email Address _____

Name on Credit Card _____

Credit Card Type: Visa MC AmerX Discover

Billing Street _____

City/State/Zip _____

Credit Card # _____

Exp. Date _____ Code (on back of card): _____

Total to be charged \$ _____

Signature _____

2 **ONLINE** at www.IndeFree.com

3 **TELEPHONE** us at 1.800.801.4511