

Recession Free Zone



# Marketing My Dental Practice.Com Mentoring Program

## Enrollment Form

Fax to 866-380-8840

**YES**, please reserve a position for me in the Marketing My Dental Practice.Com Mentoring Program. I am very interested in thinking outside the box and creating new ways to market my practice and dramatically increase growth & profitability. ***Sign me up today and send my Marketing My Dental Practice Mentoring Program Start-Up Kit.***

Bill my credit card below, beginning in March for 6 months, \$395 per month. Total \$2,370. 1<sup>st</sup> call in February is FREE

Bill my credit card one-time in March for \$2,150, a \$220 savings

Name \_\_\_\_\_

Office Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

*MasterCard / Visa / American Express*

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

Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ SC (security code) on back \_\_\_\_\_

*Important: Billing address for credit card above if different from address above*

Address \_\_\_\_\_

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

**Fax to (866) 380-8840 *Secure Fax*  
or Call To Register (877) 643-0132**

