

2016 TOTAL PRACTICE REVOLUTION

APRIL 1-2, 2016 • THE OMNI HOTEL • FT. WORTH, TX

Take your practice and the way you think about your business to a whole new level by experiencing this spectacular two-day Jameson event! Trailblazing business experts, top thought leaders of the dental profession, the entire Jameson team and more will be presenting you with some of the most thought-provoking, game-changing information for you to take back to your practice and ignite your team and your business!

Featuring dentistry's most established headliners as well as business leaders making an impact on small businesses worldwide.

Registration Fees:

- \$599 Jameson client doctor
- \$899 non-client doctor
- \$799 early bird doctor until December 31 (non-client)
- \$399 non-client team member
- \$299 client team member

Hotel Information:

Omni Hotel & Resorts
1300 Houston Street
Ft. Worth, TX 76102
1-800-theOMNI

JOIN YOUR JAMESON COMMUNITY FOR THIS SPECTACULAR EVENT!

Call 877.369.5558 to register or fill out the attached registration form and fax back to the Jameson offices.

Sign up for event updates!

Visit: **TotalPracticeRevolution.com**

We will see you in Ft. Worth!

jameson
management • marketing • hygiene


Academy
of General Dentistry™

Approved PACE Program Provider
FAGD/MAGD Credit Approval does
not imply acceptance by a state or
Provincial board of dentistry or AGD
Endorsement
1/1/2014 to 12/31/2015
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(877) 369-5558 • info@jamesonmanagement.com • www.jamesonmanagement.com



Cathy Jameson, PhD

*Best-Selling Author &
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*Best-Selling Author & CEO of
The Crankset Group*



Mark E. Hyman, DDS

*International Dental Speaker &
Practicing Dentist*



Lois Banta

*CEO & Owner of Banta Consulting
& The Speaking Consulting
Network*



2016 Total Practice Revolution Registration Form

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CONTACT INFORMATION

Practice Name: _____

of Participant(s): _____

PARTICIPANTS (including Doctor, if attending)

TITLE

_____	_____
_____	_____
_____	_____
_____	_____

Practice Address: _____

Practice Phone: _____

Email: _____

Payment Information

Amount per participant:

- ☐ \$599 Jameson client doctor ☐ \$899 non-client doctor ☐ \$799 early bird doctor until Dec. 31 (non-client)
☐ \$399 non-client team member ☐ \$299 client team member

Credit Card: ☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number: _____

Name (As Printed on Card): _____

Expiration Date: _____ Billing Address: _____

Signature: _____

**Kindly fax this completed form back to Jameson at 888-481-2750.
If you have any questions, please contact Allison Stites at 877-369-5558.**