

TBL – Aussie 4 Refresher
Successful Strategies for Private Practice Orthodontics®
Doctor & Staff – 2011

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Hamilton Island, Great Barrier Reef
Wednesday, October 12 – noon Friday, October 14, 2011

Welcome to our fourth Aussie Refresher! The program will run for 2 ½ days on beautiful Hamilton Island at a great time of year.

- *Classroom: 8:00 a.m. to 5:00 p.m. Wednesday & Thursday, 8:00 a.m. to noon on Friday*
- *TBL will provide 3 breakfast coupons for each participant. Lunch will be served on Wednesday & Thursday.*
- *As always, a TBL/3M Unitek hosted welcoming dinner will be set up for the entire group on Wednesday, October 12th - no spouses except for the doctors please. Extra tickets for the dinner may be purchased for \$70/person.*
- *We encourage you to conduct a staff retreat on Friday afternoon after the meeting ends or Saturday morning to keep their engines running!*

I. SINGLE DOCTOR REGISTRATION:

- *The doctor registration fee is \$5,500.*
- *Staff registration is \$800 each. Please indicate how many staff you anticipate will be attending.*

II. GROUP PRACTICE REGISTRATION:

- *If 2 or more doctors from the same group practice attend the Refresher together, they may register for the meeting at the reduced registration fee of \$4,000 each. This applies to associates as well as partners. This includes 2 tickets for the hosted dinner (doctor and significant other if applicable) for each doctor. No staff substitution please.*
- *Staff registration will be \$800/person.*

III. AIRFARE & HOTEL ROOMS:

Room reservations MUST be made through Hamilton Island guest services. We will arrange to have a housing booking form on our website as soon as we have 10 practices confirmed

We have limited space... Register now to hold your place!

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Doctor & Staff – 2011 Registration Form

DR. NAME: _____
 (List ALL doctor's names if you are a group practice)

SOLO PRACTICE:

| | | |
|---|---------------------|----------|
| A). Doctor Registration Fee: | | \$5,500 |
| B). Staff Registration Fee: | \$800 X _____ staff | \$ _____ |
| C). Extra Dinner Tickets (10/12 dinner) | \$70 X _____ | \$ _____ |
| SUBTOTAL: | | \$ _____ |
| D). Less \$2,000 deposit to secure your enrollment: | | -\$2,000 |
| E). REMAINING BALANCE DUE 6/1/11: | | \$ _____ |

GROUP PRACTICE:

| | | |
|--|---------------------|-----------|
| A). Doctor Registration Fee (\$4,000 each. Two or more must attend): | | \$ _____ |
| B). Staff Registration Fee: | \$800 X _____ staff | \$ _____ |
| C). Extra Dinner Tickets (10/12 dinner) | \$70 X _____ | \$ _____ |
| SUBTOTAL: | | \$ _____ |
| D). Less deposit to secure your enrollment (\$2,000/doctor): | | -\$ _____ |
| E). REMAINING BALANCE DUE 6/1/11: | | \$ _____ |

We accept the following credit cards. Please indicate which type of credit card you wish to use. With this registration, we will charge a \$2,000 deposit to hold your place. Please use a credit card with an expiration date that is valid through June 1, 2011. We will charge the remaining balance due on that date.

VISA MASTER CARD AMERICAN EXPRESS DISCOVER

Credit Card #: _____ CC Expiration Date: _____ PIN: _____ Today's Date: _____

CC Billing Address: _____

Name on credit card: _____

NOTE: Cancellations after the June 1, 2011 deadline will result in no refunds of the \$2,000 deposit (as we will be committed to non-refundable costs in our Hamilton Island contract).

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Staff Attendees

Please complete and return this staff registration form along with your meeting registration. Enter the First & Last Name and list the Job Title for all those you plan on attending. Duplicate this page if you need room for more names! If your (the doctor's) spouse or significant other will be attending the meeting (encouraged), please add his/her name as well and whether or not they will be attending the meeting. If dinner only, there is no additional fee.

DOCTOR: _____

First and Last Name:

Job Title:
