

### SIGN ME UP!

**DID YOU ENJOY TODAY?**

**GET 16 DVDS OF  
KIRK'S MASTERY  
LECTURE SERIES!**

**\$349**

**DO YOU WANT MORE NEW PATIENTS?**

**GET 10 HOURS OF  
MARKETING DEVOTED  
TO ATTRACTING NEW  
PATIENTS TO YOUR  
PRACTICE.**

**\$249**

**REGISTER ME FOR ACT DENTAL U**

**TEAM TRAINING AT  
YOUR FINGERTIPS!**

**\$799**  
Annually

**I WOULD LOVE A CALL TO LEARN  
HOW ACT DENTAL CAN COACH ME  
TO MY BEST YEAR EVER!!!**

## YOU COULD WIN ACT U FOR 6 MONTHS

We will need your name and email address in order to contact you about the drawing.

What is the biggest challenge you are facing in your practice right now?

.....

.....

.....

.....

.....

.....

.....

.....

### CONTACT INFO

Name: ..... CHECK ONE:  DOCTOR  TEAM MEMBER




Business Phone: ..... Mobile Phone: .....

Email Address: .....

Address: .....

City: ..... State: ..... Zip: .....

### BILLING INFORMATION

CREDIT CARD TYPE:      

Credit Card #: ..... Exp. Date: ..... Security Code: .....

Name as it appears on card: .....

Signature: ..... Date: .....