



8WW 2-Day Intensive Workshops Registration Form

Full Name: _____ Business Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Email: _____

Phone: _____ Cell: _____

Credit Card#: _____ Credit Card Code: _____ Exp. Date: _____
 Visa MasterCard Amex Discover

Authorized Signature: _____ Date: _____ Total: _____

Upcoming 2011 2-Day Intensive Workshops:

July 22 & 23 • October 28 & 29

Cost: \$997 for Doctor + 2 staff members
(Payment can be split into 2 payments of \$499)

Single Seat for Doctor: \$499

Space is limited to 12 offices per workshop.

Reserve today!

Date Requested _____

121 Friends Lane, Suite 100, Newton, PA 18940
Ph: 215.968.1661 • www.8ww.com • email: drdane@8ww.com

Please Fax Completed Form to 215-345-5176