



## **Yes Dr. Singleton! Sign me up for the**

### **Doctors Goldmine 2-Day Seminar**

#### **I Understand that I Will Be Receiving:**

- I Understand that I Will Be Receiving:
- Two FULL Days of Training in Salt Lake City Utah
- 26 Hours of Dr. Singleton and His Staff Revealing Everything They do to Sell \$100,000 a Month in Weight Loss Services
- Instructional Manuals for the 28 Lessons
- Electronic Versions of Everything
- One-Hour Personalized Weight Loss Practice Set Up Telephone Call
- One-Hour Consultation Call with Dr. Singleton
- The Quick Start Guide (Delivered Electronically)
- 28 Lessons to Build a Weight Loss Practice (Delivered Electronically)
- Downloadable Forms for Weight Loss Programs
- 7 Months Free Access to ClubReduce.com Closing Tools, Marketing Tools and Training Tools
- FREE Email Support
- FREE Weekly Call-In Group Q & A and Support Teleseminars
- FREE Monthly Weight Loss Webinar Classes

#### **Print and mail this application with your credit card information to:**

Lighthouse Practice Solutions  
715 East 3900 South, Suite 107  
Salt Lake City UT 84107

#### **Doctor's Contact Information:**

Name: \_\_\_\_\_

Practice Name : \_\_\_\_\_

Practice Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Best Number to Reach You: \_\_\_\_\_

Card #1

Credit Card # \_\_\_\_\_  
\_\_\_ Visa \_\_\_ Master Card \_\_\_ American Express \_\_\_ Discover  
Expiration Date: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_  
Name on Account \_\_\_\_\_  
Address on Account \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number on Account \_\_\_\_\_

Card #2

Credit Card # \_\_\_\_\_  
\_\_\_ Visa \_\_\_ Master Card \_\_\_ American Express \_\_\_ Discover  
Expiration Date: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_  
Name on Account \_\_\_\_\_  
Address on Account \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number on Account \_\_\_\_\_

Card #3

Credit Card # \_\_\_\_\_  
\_\_\_ Visa \_\_\_ Master Card \_\_\_ American Express \_\_\_ Discover  
Expiration Date: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_  
Name on Account \_\_\_\_\_  
Address on Account \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number on Account \_\_\_\_\_