

## Doctors Gold Mine Seminar Registration

### I Understand that I Will Be Receiving:

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- 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 fax this application with your credit card information to:

(801) 265-0304

### Doctor's Contact Information:

Name: \_\_\_\_\_  
Practice Name : \_\_\_\_\_  
Practice Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Best Number to Reach You: \_\_\_\_\_

### Additional Attendee

(Must be your spouse or an employee that receives a W-2)

Name: \_\_\_\_\_  
Spouse Yes/No or Employee Yes/No: If Yes, title: \_\_\_\_\_  
Responsibilities in Office: \_\_\_\_\_

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 \_\_\_\_\_