

# Discover How to Bring Your Practice to the Next Level Learn How to Realize

## Clients and Seminar Attendees Experience...

- |   |   |
|---|---|
| <input type="checkbox"/> Consistent Growth                                | <input type="checkbox"/> More Families Under Care                             |
| <input type="checkbox"/> Increased Patient Retention                      | <input type="checkbox"/> More New Patients                                    |
| <input type="checkbox"/> More Profit                                      | <input type="checkbox"/> More Referrals                                       |
| <input type="checkbox"/> Streamlined Systems That Produce Desired Results | <input type="checkbox"/> On Purpose, Effective, Efficient and Supportive Team |
| <input type="checkbox"/> Better Use Of Time                               | <input type="checkbox"/> More Fun & Less Stress                               |
| <input type="checkbox"/> Increased Accountability                         | <input type="checkbox"/> Better Organized                                     |
| <input type="checkbox"/> Decreased Overhead                               | <input type="checkbox"/> Marketing With High ROI                              |
| <input type="checkbox"/> More Savings                                     | <input type="checkbox"/> Better Communication Skills                          |

**Come to the Powersource Success Seminar and learn what you need to do and what you need to stop doing to get what YOU want.**

I can help you, but not if you don't come.  
**Make an investment and call today!**

**Dr. Shawn Powers Presents  
The Powersource Success Seminar**

**November 7-8, 2008**

Friday: 7:00pm - 9:00pm / Saturday: 9:00am - 5:00pm

Embassy Suites Austin-Downtown/Town Lake

Austin, TX 78701

1-512-469-9000

COST: \$149 for the Entire Office (1 Doctor / 2 CAs)

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

CA \_\_\_\_\_

CA \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ Signature \_\_\_\_\_

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