



Prime Program Registration form

I am teachable, I am principled, and I will work hard to improve myself.
I am ready to see more kids, pregnant moms and families.
I am ready to become THE sought after family chiropractor.

Name: _____

Are you a **Student** who has completed Ob/Peds class or a **Doctor**? (Circle one)

Address: _____

Home/Cell Phone: _____ Office Phone: _____

E-mail: _____

Who invited you to join this program? _____

The cost? (Please circle one)

- 1. Only \$2100 payment in full**
- 2. \$1099 today, \$699 when I advance to systems and \$699 when I advance to execution.**

No refunds.

You will have access to this site for 1 year from enrollment date.

Thereafter, continued access will be 59/mo.

Credit Card Number: (Visa, MC, AmEx) _____

Exp date: _____ 3 or 4 digit security code: _____

Billing Address including zip code: _____

Please charge my credit card, I am ready to start:

Date: _____ Signature: _____

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