



extraordinary practice. extraordinary life.®



7 CEs

CAMP COMMUNICATION

FRIDAY, JULY 28TH
9:00AM – 4:00PM

Registration 8:45am



Don't miss this exclusive in-person event for your entire team. **Fortune Management's Training CAMPs** are a Total Immersion Post-Graduate course which consists of a one-day live event focused on specific aspects of the practice. Walk away from this **Training CAMP** with actionable items to grow your practice, improve leadership and enhance the patient experience.

WHY ATTEND CAMP COMMUNICATION?

The quality of your life is directly related to the quality of your communication with others. This course focuses on the foundational Fortune Management Communication Technologies. Enhance your communication skills on both a personal and professional level.

- ✓ Learn steps to becoming a Master Communicator
- ✓ Master Emotional State Management
- ✓ Acquire Non-confrontational, elegant conflict resolution skills

\$49 / person

Lunch, Refreshments, and Workbook Included

Patterson San Diego

4030 Sorrento Valley Blvd
San Diego, CA 92121

OUR SPEAKER



Bernie Stoltz

Chief Executive Officer & Executive Coach
Fortune Management

A seasoned motivator, public speaker, and acclaimed coach with over 30 years of business leadership in the healthcare community, Bernie Stoltz was the founder of five successful companies before joining Fortune Management over 25 years ago.

Register by: Friday, July 7th



SCAN HERE or visit link bit.ly/3pPaDvg
- or - fill out registration form on next page &
return to remisorrentino@fortunemgmt.com

FOR INFO: Remi Sorrentino

760-861-9940 • remisorrentino@fortunemgmt.com



PACE
ACADEMY OF
GENERAL DENTISTRY
PROGRAM APPROVAL
FOR CONTINUING
EDUCATION

FORTUNE MANAGEMENT INC.-CA (Nationally or Locally)
Approved PACE Program Provider for FAGD/MAGD credit.
Approval does not imply acceptance by any regulatory
authority or AGD endorsement. NOVEMBER 1, 2020 to
OCTOBER 31, 2023 Provider ID# 304402

REGISTRATION

Practice Name/Dr. _____

No. Attending _____ x **\$49 / person**

Please Print the Names of All Attendees:

Email Address:

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |

TOTAL ATTENDING _____ **TOTAL FEE \$** _____

* Please Note Any Food Restrictions (Include Attendee Number) _____

BILLING INFORMATION:

Credit Card Info: _____ Visa _____ MasterCard _____ Amex

Name on Card: _____ Card #: _____

Exp. Date: _____ / _____ Code (CVV): _____ Billing Zip Code: _____

Cardholder's Signature: _____



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