

FORTUNE

Extraordinary Practice. Extraordinary Life.™

CAMP ENROLLMENT

6
CEs

FRIDAY JULY 17, 2026 | 9AM - 4PM
REGISTRATION 8:30AM

Don't miss this exclusive in-person event designed for your entire team. Fortune's Training CAMPs are total-immersion post-graduate courses which consist of one-day live events focused on specific areas of your practice. Walk away from this Training CAMP with actionable strategies to grow your practice, improve leadership, and enhance the patient experience.

WHY ATTEND CAMP ENROLLMENT?

Get your patients to say "YES!" Learn the Tools of Influence to build rapport and elegantly enroll patients in the treatments they need, deserve, and want! Learn lifelong skills for understanding different behaviors and communication styles.

- Learn Elegant Influence & tools of enrollment
- Develop skills for instant rapport
- Acquire techniques for handling objections



Patterson Education Center

4030 Sorrento Valley Blvd, San Diego CA 92121

RSVP BY FRIDAY JULY 10TH

MORE INFO: ANDI MOORE

619-822-5693 · AndiMoore@FortuneMgmt.com



MICHAEL CRUZ
EXECUTIVE COACH

For the last 10 years, Michael has been the Zookeeper at Dee for Dentist, one of the leading digital dental practices in Southern Nevada. Since 2015, Michael has been a client of Fortune. Under his leadership, the practice thrived during the pandemic allowing Michael to step out of day-to-day practice operations and follow his passion of coaching other dental practices.

Michael is a graduate of St. John's Military Academy and received his bachelor's degree in Advertising and Public Relations from the University of Nevada, Las Vegas. In 2017, Michael became a Fellow of the American Association of Dental Office Management. As a leading SME for dental technology and management, he is a frequent contributor to industry magazines and podcasts. As an Executive Dental Coach for Fortune, Michael now helps owner dentists turn their vision into reality through strong team cultures and empowering business strategies.

\$99 Lunch, Snacks & Workbook Included

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PATTERSON
DENTAL



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REGISTRATION

PLEASE REGISTER BY JULY 10

Practice Name / Dr. _____ No. attending _____

Please print the names of all attendees

Email address

- | | |
|-----------|-------|
| 1. _____ | _____ |
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TOTAL ATTENDING _____ x \$99/PERSON : TOTAL FEE \$ _____

* Please note any food restrictions (include attendee number) _____

BILLING INFORMATION

CREDIT CARD TYPE: VISA MASTERCARD AMEX

NAME ON CARD: _____ CARD #: _____

EXP: _____ / _____ CVV: _____ BILLING ZIP CODE: _____

CARDHOLDER SIGNATURE: _____