

FORTUNE

Extraordinary Practice. Extraordinary Life.™

2026 ANNUAL PLANNING SESSION

FRIDAY NOV 14, 2025

6

CEs

9:00AM - 4:00PM

ANNUAL PRODUCTION FORECAST, GROWTH PLAN, & GOAL SETTING WORKSHOP FOR 2026

Grounded in the transformative principles of The 5 Types of Wealth, this workshop is designed to align with Fortune's proven annual planning process — empowering you to create a purpose-driven roadmap that integrates financial success, personal fulfillment, and lasting impact for the year ahead.

THIS WORKSHOP WILL ALSO COVER:

- Annual Production Forecast & Growth Plan
- Goal setting workshop for 2026
- Outcomes and goals for all five Business Engines
- Creating a strong marketing plan to meet New Patient goals



DOUBLETREE NEWARK

39900 BALENTINE DR | NEWARK, CA

\$96 PER PERSON
BEFORE SEPT 30

\$104 AFTER OCTOBER 1
LUNCH & WORKBOOK INCLUDED

FACILITATORS



LAURA BOONE

Director of Veterinary Mastery
& Executive Coach, Fortune



AIMÉE NEVINS

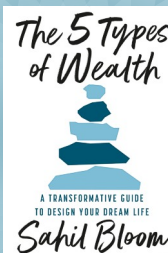
Executive Coach, Fortune



MILA GIVENS

Executive Coach, Fortune

THEME BASED ON THE
BEST-SELLING BOOK
BY SAHIL BLOOM



RSVP BY SATURDAY NOV 1



SCAN HERE
OR VISIT
bit.ly/45mXQRP

CONTACT YOUR FORTUNE COACH FOR MORE INFO



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, 2023 to
OCTOBER 31, 2026 Provider ID# 304402

REGISTRATION PLEASE REGISTER BY NOVEMBER 1

Practice Name / Dr. _____ No. attending _____

Please print the names of all attendees

Email address

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

TOTAL ATTENDING _____ x $\begin{matrix} \$96/\text{PERSON BY SEPT 30} \\ \$104/\text{PERSON AFTER OCT 1} \end{matrix}$: 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: _____