

FORTUNE

Extraordinary Practice. Extraordinary Life.™

2026 ANNUAL PLANNING SESSION

FRIDAY DEC 5, 2025

6
CEs

8:00AM - 3:00PM

REGISTRATION 7:30AM

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



3800 S VIRGINIA STREET | RENO, NV

\$89 PER PERSON
LUNCH & WORKBOOK INCLUDED

\$199 PER PERSON IF NOT A CURRENT FORTUNE CLIENT
SPECIAL PROMOTION: \$499 FOR TEAM OF 5

FACILITATOR

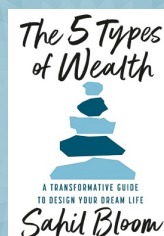


BRIANNE SPIERSCH

Co-Director of Veterinary Mastery
& Executive Coach, Fortune

Brianne has developed a broad skill set over the course of her career, including sales and marketing, website design and maintenance, and medical office management. She's worked with a world-renowned publishing company, managed a busy veterinary office, is a longtime volunteer high school cycling team coach (and is herself a professional mountain biker), and is a board member of Save The Whales. Her experience in leadership, organizational management, and athletic coaching have made Brianne into a formidable executive coach who deftly guides her clients through creating their ideal practice by building robust systems and a culture of enthusiasm and accountability.

THEME BASED ON THE
BEST-SELLING BOOK
BY SAHIL BLOOM



RSVP BY FRIDAY NOVEMBER 21

MORE INFO: JAMIE EVANS

775-225-7929 JAMIEEVANS@FORTUNEMGMT.COM



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 ACD endorsement. NOVEMBER 1, 2023 to
OCTOBER 31, 2026 Provider ID# 304402

REGISTRATION PLEASE REGISTER BY NOVEMBER 21

Practice Name / Dr. _____ No. attending _____

Please print the names of all attendees

Email address

- | | |
|-----------|-------|
| 1. _____ | _____ |
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| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |

TOTAL ATTENDING _____ x \$89/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: _____

