

FORTUNE

Extraordinary Practice. Extraordinary Life.™

2026 ANNUAL PLANNING SESSION

FRIDAY DEC 5, 2025

6
CEs

8:00AM - 3:00PM

LIGHT BREAKFAST STARTING AT 7:45AM

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



HILLCREST COUNTRY CLUB

9401 EAST 'O' STREET | LINCOLN, NE

FACILITATOR



GEORGE BAKER

Executive Coach, Fortune

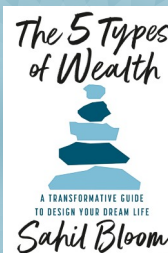
George Baker engages his extensive healthcare experience to help dental practitioners boost their team's strengths and maximize the practice's business potential, allowing doctors to focus on the dentistry they love and enjoy the lives they desire. With 32 years of health care experience, George now provides executive level coaching to individuals, groups, and teams to refine their abilities and reach their personal and professional goals.

\$69 PER PERSON
\$499 PER TEAM OF 8 OR MORE

BREAKFAST, LUNCH & WORKBOOK INCLUDED

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

THEME BASED ON THE
BEST-SELLING BOOK
BY SAHIL BLOOM



RSVP BY TUESDAY NOVEMBER 14



SCAN HERE
OR VISIT
bit.ly/3INANsd

MORE INFO: NICHOLE THOMPSON

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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 14

Practice Name / Dr. _____ No. attending _____

Please print the names of all attendees

Email address

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

TOTAL ATTENDING _____ x \$69/PERSON : TOTAL FEE \$ _____
\$499/TEAM OF 8 OR MORE

* 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: _____