“Secret Tips and Tricks to Become a Successful Dental Consultant, Speaker and Influencer”

Presented by: Debbie Seidel-Bittke, RDH, BS

1. My Purpose: (List three reasons you want to become an influencer in your dental community)

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   •
   •

2. The message I want to provide through becoming a dental consultant, speaker and influencer is:

3. Instant Success Myth:
   a. Development of your craft – your niche, your true master as an entrepreneur
   b. Your goal is to allow yourself to experiment and find your true and best niche
   c. Throw spaghetti on the wall!
   d. Challenge is: no clarity about your business
   e. __________ is the reason for those who succeed
   f. Distractions at this stage: Bright ________  ________s

4. Stages of a Consulting Business:
   a. evolve – your dream, your seed of an idea
      i. Moving out of this stage has everything to do with getting out from behind your ___________.
      ii. Moving out of this stage your #1 goal should be to start ________ing _________.
   b. emerge – you are now getting ________s and you begin to make ________.
      i. Your goal is to allow yourself to maximize your client base, build on your systems, your products to sell online, etc., and also maximize your profits.
      ii. You have truly discovered your niche
      iii. Challenge is: you have hit a ceiling and don’t know how to manage more clients, you don’t have time for yourself, and you are still trying to find the right team to work with you.
iv. Solution to move into influencing stage: Focus on your _______ hanging ________.
v. Goals for this stage of your business are: maximize on ____ before you decide to jump ship. Focus approx ___% of your energy on the true ________ ________ in your business.
vi. Also your focus will be on creating a system for ______ing your business. This is how you will increase your profit potential and create multiple streams of income.
c. influence – you are now a role model for your niche as a dental consultant. You are the go-to expert for your specialty. People look to you and you may be recognized as a leader internationally.
   i. Your goal: Bring your vision to life. Share your message with the masses. Make more money than you dreamed. Give back more money to help others in the world than you imagined. You bring your business mission into your personal life. This should be a great feeling!
   ii. Challenge is: You have people- friends who may no longer want to be called your friend. That is THEIR Issue! This is about THEM! They looked in the mirror and now don’t like who they are!
      1. You may have too many ideas—too many opportunities, you are not looking at your bottom line! This can hurt! 
      2. NET PROFIT IS KEY!
      3. The business takes over your life unless you structure it correctly.
   iii. Another challenge is you feel restless, you feel overwhelmed, you feel (Fill in the blank how YOU think YOU May feel as an influencer in our dental community) ___________________.
   iv. Rewards of this stage: Clarity on your business, you know what creates the most profit for your business: online programs, workshops, in-office 1:1 clients? You have it nailed down! You are now aligned with your deeper message.

5. What is the goal for your life?
   a. More time with family
   b. Additional income
      (when you retire, when you are on a beach, when you sleep you have income, etc)
   c. Give to your church, charities, etc.
   d. Pay for children in private school and college
   e. Help fund my retirement
f. Other ________________________     ☐

6. What stage are you in today? ______________________

7. Where do you want to be tomorrow? (check one or all that apply to you)
   a. I want to continue dreaming - nothing more     ☐
   b. I want to evolve into my own business live my dream     ☐
   c. I want to be an influencer in the dental community     ☐
   d. I want to build an empire with my business     ☐

✓ YES! I am ready to TAKE ACTION today with the

DENTAL CONSULTANT MASTER ACADEMY!!!!!

I know that registering before September 17, 2014 includes more bonuses than if I wait until Friday September 19, 2014.
~WEBINAR ATTENDEE SPECIAL~

The program includes:

- 50 Week Dental Consultant Master Academy Certification - $3,300 Value
- Live 1 Day Mastermind - $1,200 Value

*Total Package Value: $4,500*

Register by Friday, September 19th at 12 PM (EST) and pay only $2,600

SAVE $1,900!

**EARLY BIRD BONUS**

The First 2 Registrations Before Sept 17th Receive:

- Your Money Mindset Program - $1,200 Value
- One-50 minute phone or SKYPE call - $350 Value
  (Calls are with Debbie)

Bonuses: $1,550 Value

*Total Package Value $6,050!!!*

*You Pay Only $2,600!*

A SAVINGS OVER $3,450!
REGISTRATION FORM

Your Name: _______________________________________________________

Address: __________________________________________________________________

City: _______________ State: ____ Country: _________ Zip Code: _________

Best Contact Phone # (Please include country and area code): _______________________

Email: ___________________________________________________________

Website (If applicable): _____________________________________________

Fee for registration includes the following (sent weekly to your registered email): weekly
modules, weekly implementation guide, monthly access calls, and annual all day live mastermind.

*Please fax or email signed contract with payment information along
with signed terms and conditions agreement to:
Email: dentalpracticesolutions@gmail.com or FAX: 503-200-1394

Payment information: (VISA or MASTER CARD Only)

Applicant Name on CC: ________________________________________________

Billing Address: ________________________________________________________

(billing address for CC if different than above address)

City: ___________________ State: _______ Zip Code: ____________

Credit Card: (Please Check) VISA _____ MASTERCARD _____

CC# _____________________________________________________________

Expiration Date: _________ CVS (3 Digit Code on back of CC): _______

I agree to pay: (Please check one of the following)

**This Special Expires Friday, September 19 2014 at 12:00 PM Eastern Standard Time.** Only
First 2 Registrations will receive the “Your Money Mindset Program” Date and Time is Verified.

$2,600.00 in full _____ 12 payments of $267.00 ______

Signature: ___________________________________________________________

Print Your Name: __________________________________Date: ___________

**Please read the next two pages and return signed Terms
and Conditions agreement along with your payment
information. Please return by email or fax page #s 5 – 7.
Terms and Conditions

This is an offer to enter into a contract with Dental Practice Solutions, LLC, (the “Company”) for your participation in the program known as Dental Consultant Master Academy. You agree that you are entering into a legally binding contract with the Company. By signing below, you agree that your participation in the Program will be governed by the following terms and conditions:

Confidentiality. The Company respects your privacy and we must insist that you also respect our privacy, as well as that of your fellow participants. In the course of your participation in the Program, confidential and proprietary information, plans, ideas, and trade secrets will be revealed by Company and participants. You agree that you will not disclose such information to any such person or entity outside of the discussions at Program sessions and will not use any confidential or proprietary materials acquired by you through the Program for any purposes whatsoever outside of the Program, whether commercial, educational, or otherwise. By signing below, you acknowledge that all confidential material and information revealed to you is and remains the sole property of the Company or the participant who revealed it.

Financial Responsibility. We have made very effort to accurately represent the Program and its potential. Every individual’s success depends on many factors, including his or her background, dedication, desire, motivation, and the nature of the business in which he or she is engaged. By signing below, you represent to the Company that payment of your fee will not place a significant financial burden on you and that any decision or actions you take in response to advice or information acquired in the Program, and their consequences, are your sole responsibility.

Payments. You acknowledge that you have entered into a fifty week long Program and payment must be made upon registration of the 50 week course. If your payment is not made before the course begins, the Company may suspend your participation in the Program until your payment is made in full. By signing below, you acknowledge that you are making a commitment to pay the full amount to the Company in exchange for the privilege of participating in the Program. If you are making Monthly payments your payment must be received every 30 days. There are no refunds or cancellations after your registration has been accepted.

Disclaimer. The Program instructors and consultants/coaches are not qualified to provide legal, tax accounting, or financial planning advice and the information provided to you is not intended as such. By signing below, you agree that you will refer all legal, tax, accounting, and financial planning questions which may arise to qualified professionals.
Terms and Conditions (continued)

Termination. The Company is committed to providing all Program participants with a positive and productive experience. By signing below, you agree that the Company, at its sole discretion, may limit, suspend, or terminate your right to participate in the Program without refund of payment if you become disruptive or difficult to work with, fail to follow Program guidelines, or if your behavior impairs the ability of instructors or fellow participants to participate in the Program.

Governing Law. This agreement shall be construed in accordance with and governed by the laws of the State of Oregon and any action brought under this contract will be filed in the County of Clackamas. By entering into this contract, both parties agree to submit to the jurisdiction of the State of Oregon with regard to any action which arises out of the contract.

Print Name: __________________________________________

Signature: __________________________________________

Date: ________________

*Please fax or email signed contract with payment information along with your signed terms and conditions agreement plus payment information to:

Email: dentalpracticesolutions@gmail.com

or

FAX: 503-200-1394