

## Benefits

- Points for Purchase
- Redeem Points for Premium Products
- Employee Recognition

## Features

- Rewarded for Growth and Sales
- Practice Builder Tools
- Competitive Pricing
- Quality Service

Clinic Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Account # \_\_\_\_\_

Sales Representative \_\_\_\_\_

**Level of Participation** (Check one below)

10% Growth

20% Growth

30% Growth

*By signing below, I indicate that I fully understand the program and the rules that apply.*

Doctor Signature \_\_\_\_\_

Last Year's Sales \_\_\_\_\_

