



Confidential Application

For enrollment in The Gold Mastermind Member Program

Rio Grande DATP LLC and Ginger Bratzel DDS
10600 S. Penn Ave, St. 16 PMB 545,
Oklahoma City, OK 73170
(405) 418-6684
Results@GingerBratzel.com
www.GingerBratzel.com

PATIENT ATTRACTION AUTOMATION SYSTEM

Get more patients, systematize your marketing, and grow your practice.

-- Ginger Bratzel, DDS



Gold Patient Attraction Marketing and Mindset Coaching Program Application

INSTRUCTIONS: Give yourself quiet space and time to answer each question fully. **This is just as much for you, as it is for us to help you create BIG results in your business this year, so let's make it count.**

Part 1: Full Contact Information

Today's date: _____

Your Name: _____

Practice Name: _____

Key Contact Person At Practice: _____

Office Address: _____ City, state, zip: _____

Billing Address: _____ City, state, zip: _____
(If different)

Phone numbers (home): _____

(mobile): _____

(office): _____

(fax): _____

Email address: _____

Decisiveness is a characteristic of high-performing men and women. Almost any decision is better than no decision at all.

Brian Tracy

Services: 12-month Gold Patient Attraction Marketing and Mindset Coaching Program

Terms:

As a coaching member, you will get:

- Customized advice
- Initial 45 Minute Pre- Strategy Session To Map Out Your Objectives
- Monthly coaching call sessions (30 Minutes) total of 11
- Monthly accountability check in calls (15 minutes) total of 11
- Access to 3 live marketing and mastermind meetings hosted in Oklahoma City for up to 2 key office people (such as Dr., office manager, or your marketing assistant)
- Free admission to our annual Patient Attraction Event for up to 2 people during your membership period
- Free Use of Mobile Marketing For Dentists during your membership time period (\$7164 total value –complimentary)

Part 2: About your business

*"There is no performance without accountability, and no accountability without measurement." – **Michael Gerber, The Emyth Revisited***

- 1) **What is the type of dental practice do you have. What services do you offer? What advanced training do you have?**
- 2) **What are your goals in the next 90 days?** List 3 short-term goals you would like to work on with measurable results for each. Keep these realistic but a bit of a stretch for you.
 1. _____
 2. _____
 3. _____
- 3) **What are your goals in the next 90 days:** List 3 more goals you would like to work on by 6 months with measurable results for each. Keep these realistic but a bit of a stretch.
 1. _____
 2. _____
 3. _____

- 4) **What have you done so far to market your business**, to reach your BIG business goals, including what worked and what didn't? What are you doing on a monthly, consistent basis to get grow your practice?
- 5) **What has held you back or slowed your progress up to now** (knowledge of marketing, time, competition, resources, your positioning in the marketplace, cash flow, confidence in self or project)?
- 6) **What is the biggest opportunity/resource/service to offer** that you're not taking advantage of?

How WILLING and ready are you to invest in yourself RIGHT NOW to play bigger and take more decisive action with expert coaching and daily accountability?
Time, dedication, financial resources.

Describe why YOU are a good candidate for the Gold Member Mastermind Group. Why is it important for YOU to be accepted? How will it make a difference in your life?

Please check your gross revenue in the practice you want to grow, for each of the indicated years. *Please not that this is completely CONFIDENTIAL. Your application will not be considered without this.*

This Year	Last Year	Year Before Last
<input type="radio"/> \$500K - \$1 Million	<input type="radio"/> \$500K - \$1 Million	<input type="radio"/> \$500K - \$1 Million
<input type="radio"/> \$1 Million - \$3 Million	<input type="radio"/> \$1 Million - \$3 Million	<input type="radio"/> \$1 Million - \$3 Million
<input type="radio"/> \$3 Million +	<input type="radio"/> \$3 Million +	<input type="radio"/> \$3 Million +

After learning so much information and working with Dr. Ginger, getting the whole marketing 'cheesecake' picture, it gives me the big picture to grow our practice. The way Dr. Ginger presents the information; it is customized to our practice and never feels canned. We get everything we need to grow the practice. We had a record year last year!!! Thanks, Dr. Ginger.

-Private Coaching Clients Nancy Bilbruck and Renda Riley From Compton Dental Center

Select Your Preferred Payment Method

Program Investment. Which one do you choose?



Option 1: If you choose to pay monthly, that is a \$2500 initial deposit and then only \$1950/month for the next 10 months. For \$22,000 total program investment.



Option 2: Or take advantage of the paid in full option, and save \$2000 instantly for a total of only \$19,997. *If taking this option, there is an initial deposit of \$2500 paid through credit card to reserve your slot and the remaining balance is due via check 30 days later.*

If your application is approved, we will process your card whichever payment option you selected (your \$2500 deposit for the amount indicated here), and will send you all the details for your membership to start your program immediately.

By signing below, you authorize Rio Grande DATP LLC and Dr. Ginger Bratzel to process your credit card for the amount selected for participation in the Gold Patient Attraction and Marketing Coaching Program.

Name (printed): _____



Credit Card Number: _____

Expiration Date: _____

Card Type: _____

Signature Name Date



Thank you for your filling out you application in its entirety and congratulations! Doing so will create even better results for you this year. We will personally review it and be in touch with you shortly, within 5 business days, to let you know if you are approved for Gold Member Mastermind Group for which you are applying.

The Gold Patient Attraction Mastermind Group applicants may require a scheduled phone interview with a member of Dr. Ginger Bratzel's Team/Rio Grande DATP Team. If you are approved, we will process your payment-in-full or deposit for the amount indicated above, and will send you all the details for your enrollment.

We're so looking forward to partnering with you and having you play so much bigger in your practice.

Best,

A handwritten signature in blue ink that reads "Ginger". The script is cursive and fluid, with a large initial "G" and a dot above the "i".

GingerBratzel.com
405-418-6684

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You can email your application back to :
866-508-3022

or email a scanned copy to:
Results@GingerBratzel.com