

Friday, September 13, 2024

Sheraton Jacksonville Hotel  
 10605 Deerwood Park Blvd.  
 Jacksonville, FL 32256



## Are You Ready for a Deep Dive into Your Success?

Success in your dental practice must be built on a solid foundation: Organized Systems, a Self-directed Team, and Visionary Leadership which recognizes the patient's expectations should always be valued. This interactive, resource-rich course covers critical systems every dental practice needs, combined with tools for leadership growth, team building activities and a concentrated look at how we can exceed our patients expectations. Spend a full morning learning, laughing and interacting in this business success journey!

## Systems, Teams & Patients' Expectations!

### Presented by Laci Phillips Newland

7-8AM: Registration / Breakfast  
 8AM: Course Begins  
 9:30-10AM: Break/NEDDA Business Mtg.  
 10AM - 12PM: Course Resumes



Laci discovered at an early age her true passion for speaking and entertaining audiences. She began her road to coaching as a chair-side assistant while going to college to pursue a dream of one day having her own talk show. Laci has a unique perspective of the clinical aspect, as well as the business components for creating well rounded and educated dental teams and successful practices.



As a founding partner at Practice Dynamics she combines her knowledge of dentistry with her passion for teams to deliver customized coaching, workshops and speaking events throughout the country. The experience gained on this journey gives her unique insight into the technology and business side of dentistry.

Practice Dynamics specializes in coaching teams to reach their goals through balance driven success using systems, teams and technology.

#### REGISTRATION:

NEDDA / JDS /CCDS MEMBERS: \$50  
 STAFF OF MEMBERS: \$25 PER PERSON  
 NON - MEMBERS: \$100  
 STAFF OF NON - MEMBERS: \$50 PER PERSON

PLEASE SUBMIT REGISTRATION FORM  
 WITH PAYMENT TO:  
 DDEVILLE@NEDDA.ORG

**REGISTRATION DEADLINE: FRIDAY,  
 SEPTEMBER 6, 2024**

**Member/Non-Member Dentist:**

\_\_\_\_\_ *name* \_\_\_\_\_ *email address*

\_\_\_\_\_ *name* \_\_\_\_\_ *email address*

**Member /NonMember Staff:**

\_\_\_\_\_

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**Payment Type:**  Check  Visa  MasterCard

**Amount:** \_\_\_\_\_ **CVV#:** \_\_\_\_\_

**Credit Card Information:**  
**CC#** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ **Zip Code for Card:** \_\_\_\_\_