

Registration – Conference for Developing New Clients for Home Health Care Agencies

Business Name _____
 Address _____
 Telephone _____ Email _____
 Name [1] _____ Position _____
 Name [2] _____ Position _____
 Name [3] _____ Position _____
 Name [4] _____ Position _____

Please reserve my/our participation at the following location/date:

Atlanta * May 12 * Hilton Hotel Midtown
 All conferences begin at 9 am and end at 3 pm

Conference Topics

- * Understanding your target market of who your client really is so that you stop wasting time, money and other resources on the rest of the market
- * Developing an effective marketing message that creates results
- * Creating on-going referrals from third parties and existing clients using proven methods – this should account to 40% of your new business
- * Leveraging your staff by turning them into salespeople – the most overlooked marketing tool that most home health care agencies miss.
- * How to generate free publicity, brand recognition and free marketing for your business
- * Gaining new clients by marketing directly to companies and professional services firms
- * The plusses and minuses of utilizing social media to market your business and why you should never make this your only marketing activity.
- * How to use other businesses that serve the seniors market to generate business for you this technique is so simple but produces great results!
- * Proven low-cost marketing and guerrilla marketing techniques for home health care agencies
- * How to create a marketing strategy and plan that you can execute consistently
- * Steps that you can take to set your business apart in the marketplace from your competition

Payment Information Fee per person - \$129.00 (includes conference, materials, luncheon and beverages)

Please remit this signed form and fee information for payment by credit or debit card by email to accounting@rjwcommunications.com or fax to 1-888-263-4440.

Debit or Credit Card Authorization [We can also send a secure payment link upon request via email]

Please charge the credit card below ONE TIME ONLY in the amount of ____ Attendees X \$129.00 = \$ ____

Card Number _____ Expiration Date _____

CVS [Security Code] _____ Zip Code Credit Card Bill Is Mailed To: _____

Authorized by: _____ Date _____