

Attention Genius Offices!

Get ahead of the game this year at one of the
Genius Solutions 2017 Focus Groups!



Topics Include:

Thriving with MIPS
New Features
Increasing Your Revenue
Preparing for Ransomware
Internal Auditing
Full Benefits of Patient Statements
EDI Reports

\$125.00 Per Person
(Genius Clients)

\$199.00 Per Person
(Non-Genius Clients)

**Cost includes a full lunch and three
(3) AAPC CEU's!**

Seminar begins at 9:00a.m. and ends
at 3:00p.m. Sign up now, because
space is limited!

Upcoming Locations and Dates:

Wednesday - May 24, 2017
Four Points by Sheraton
3600 E. Cork Street
Kalamazoo, MI 49001

Friday - June 23, 2017
Soaring Eagle Resort
6800 Soaring Eagle Blvd.
Mount Pleasant, MI 48858

Thursday - July 20, 2017
Genius Solutions, Inc.
7177 Miller Drive
Warren, MI 48092

Friday - August 18, 2017
Turtle Creek Hotel
7741 M-72 East
Williamsburg, MI 49690

We look forward to seeing you!

If you are interested in attending one of our Focus Groups, please complete the registration form located on the back of this page and return it to us by fax, mail or E-mail, and Genius Solutions will fax back a confirmation. Thank you!

Visit us on our website at: www.GeniusSolutions.com



Welcome to Genius Solutions

Powerfully Integrated Practice Management & EHR Software Solutions!

Please return this completed form to us by **fax:** (586) 979 – 8510, **E-mail:** FocusGroups@GeniusSolutions.com **or the address provided below**, and Genius Solutions, Inc. will fax back a confirmation.

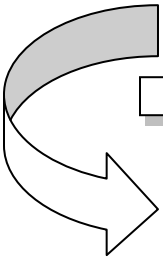
Step 1 - Client Information

Account #	Order # (This Section is Filled by GS Personnel Only.)		
Office Name:	Contact:		
Address:	City:	State:	Zip:
Telephone:	Fax:		
Email Address:			

Step 2 - Participant Information

Participant Name	Seminar/Class Name	Seminar Class Date	Fee

Step 3 - Please Select Your Method of Payment



Check

Please attach your check to this completed form and mail it to the address provided below:

Genius Solutions, Inc.
7177 Miller Drive
Warren, MI. 48092

Credit Card

Please fill out your credit card information in the area provided for you below:

Card Type: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cardholder Name: (Please Print)	
Card # (Please Print Clearly)	Expiration Date:	Security Code:
Cardholder Signature:	Billing Address for this Credit Card:	

Cancellation Policy

Genius Solutions requests five (5) days notice for cancellations. If less than five (5) days notice is given, clients will be charged the full seminar fee. All other cancellations will be charged 50% of the seminar cost. By registering, you agree to these terms and conditions and understand all cancellation fees.