

with
MITCH
ANTHONY

ROL

RETURN ON LIFE

BOOT CAMP

WHEN: Monday, December 3rd — 12 p.m. (lunch) - 6:30 p.m.
Tuesday, December 4th — 8 a.m. - 3 p.m.

- WHO:**
- Financial professionals who want to make ROL the primary value proposition they offer in the marketplace.
 - Financial professionals who want to build a practice that is a genuine reflection of who they are as a human being.
 - Financial professionals who want their clients to understand the value the advisor can bring into their lives...and to be compensated accordingly.

- WHAT:**
- Successful advisors are those who embrace the principles of financial life planning. These advisors understand that they need to be equal parts philosopher, strategist, and capitalist. By learning how to integrate financial life planning into your own practice, not only will your clients achieve a greater ROL, but so will you.

- DAY ONE:**
- Focuses on your life and the adjustments necessary to help you and your clients maximize ROL, including maximizing your income as an ROL provider.

- DAY TWO:**
- Focuses on transforming your client dialogues and practice to reflect the ROL model.

- WHERE:**
- Hilton, Minneapolis/St. Paul Airport, Mall of America
Phone: 952-854-2100 to reserve your room.

- COST:**
- \$1,775 — Price includes two day training with breakfast/lunches/snacks/beverages
 - Room Price: \$129/night* (responsibility of attendee)
 - Travel Arrangements: (responsibility of attendee)

**Register by October 15th and receive a 15% discount.
Limited to 40 Registrants!**

*Hotel rates subject to an increase after October 15th.



A Presentation of
MitchAnthony.com

with
Mitch Anthony



Charge Authorization Form

Date _____

Cost: \$1,775

MasterCard Visa American Express (15 digits for card number)

Account Number

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Expiration Date: ____/____/____ Amount to charge: \$_____

Authorization Code: (MasterCard/Visa - 3 digits on back of card)

Authorization Code: (American Express - 4 digits on front of card)

Signature

Print name as it appears on card

Address associated with this card and additional contact information:

Street: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Phone: _____ Email: _____

REGISTRATION MUST BE RECEIVED BY OCTOBER 4th



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