

dave mager gameface

SPEAKER • MOTIVATOR • AUTHOR



Dave Mager's Services consist of the following:

The unique aspect about Dave's Services is that he comes to you!

1. Trains and Motivates Staff
2. Lectures within the community/events/schools/religious affiliations/youth groups
3. Coordinates locations for talks and screenings
4. Trains doctor to schedule talks and screenings
5. Attends the screenings and events in order to get people within the community engaged and involved
6. Doctors are provided with Dave's 30 Years of Chiropractic Communication Skills
7. Evaluates professional and personal life in order to enhance performance

"It has been said that the best part of Dave's services is spending time with him at your home." Dave would rather spend time with you and your family in order to gain a better understanding of your big picture.

Remember...marketing is an investment - the return is PRICELESS!

Ask about your FREE GIFT when you contact Dave today!

To get more info about inviting Dave to your event:

cell:
330.819.7254

office:
888.746.1550

fax:
330.266.7676

10121 Page Road
Streetsboro, Ohio 44241



www.DaveMagerGameFace.com

Request of Service Form for Dave Mager

Name: _____

Address: _____

Phone# _____

Cell# _____

Home# _____

Email: _____

Date of Event: _____

Time of Event: _____

Type of Event: _____

Purpose of Event: _____

Lodging Arrangements: _____

Confirmation/Reservation #: _____

Picking-up Screener (Yes or No): _____ **If Yes, Where to meet:** _____

Car Rental (Yes or No): _____ **If Yes, necessary directions:** _____

Screener Attire (Business or Casual): _____

Other Information: _____

Either email form to dmagergameface@aol.com or fax to 330-266-7676
To learn more about Dave Mager's services or to view a list of the products he has to take
your practice to the next level please visit: www.davemagergameface.com

Mager and Associates Consulting

10121 Page Rd
Streetsboro, OH 44241

Phone 888-746-1550
Fax 330-266-7676

Professional Marketing Contract

This agreement is made and entered into this date of _____ 20____,
by and between Mager and Associates Consulting (hereafter 'Company') and
_____ (hereafter 'Client').

For good and valuable consideration as herein set forth, the parties agree as follows:

1. Client engages Company to provide services for one or more of the following:
 - a) Spinal Screening _____ (Date)
 - b) Staff Education/Training _____ (Date)
 - c) Practice Evaluation _____ (Date)
 - d) Referral Program _____ (Date)
2. Client agrees to pay Company;
 - a) Daily amount of \$1,495 USD per signed contract
 - b) All travel expenses; including airfare, lodging, food, rental car, gas & parking
 - c) Personal vehicle usage mileage will be reimbursed per IRS regulations
 - d) Securing location for a spinal screening at an additional charge of \$250.00
3. If the Client cancels these contracted services, for any reason, the Client will reimburse Company for any and all expenses up to the date of cancellation. If cancelling services within 30 days of event, a late termination charge equal to one day's services will be retained by the Company.
4. Client will pay in full the daily charges on the day of arrival by either check to Mager and Associates Consulting or Credit card. A credit card number will be received and kept on file prior to the event to secure services.
5. Screener is contracted for one-full day of services at a maximum of six (6) hours per day not including ½ hour for set up and ½ hour for break down and travel to and from event. Any and all additional hours will be charged at \$150.00 per hour.
6. Client will be billed on their credit card at the prescribed rates as noted above.

Exact name on credit card _____

Credit Card Type _____ (We Accept Visa and MasterCard)

Credit card # _____

Expiration Date _____

****Address MUST be the same as the address to which the credit card is billed**

*****Charges that occur due to inaccurate billing address will be your responsibility**

Name _____

Address _____

City _____ State _____ Zip/Postal _____

Clients who pay by check must make check payable to Mager and Associates Consulting. Check is to be sent certified mail, return receipt requested to allow for tracking of said payment. Check or credit card payment is due the day of contracted service.

This agreement and the rights and obligations of the parties shall not be assigned, in whole or part by either party without the prior written consent of the other party. This agreement constitutes the entire agreement between the parties for the service and dates of service as noted above.

Print Client Name Date

Signature of Client Date

Print Mager & Assoc. Date

Signature of Mager & Assoc. Date