# *The Atticus Practice Growth™ Program*

*Confidential Application*

ATTICUS

*Tell us about you*

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www.atticusonline.com

Name (First and Last) _____ Firm Name _____

Address _____ City _____ State _____ Zip _____

Business Phone _____ Cell Phone _____

Email Address _____

Name of Key Assistant _____ Email _____

Primary Practice Area _____ Secondary _____

Number of each in my firm: Partners ____ Associates_____ Paralegals____ Clerical____

Personal income: ☐ $90,000-$150,000 ☐ $150,000-$300,000 ☐ Above $300,000

Gross revenue: ☐ $200,000 - $500,000 ☐ $500,000 - $1 Mil ☐ Above $1 Million

***The Practice Growth Program***™ price includes a one-time, per firm upfront cost of **$3,000,** plus **$745**/mo for the 1st attorney/ **$545**/mo for the 2nd attorney/ **$245/mo** for a Key Assistant

***($1000 prepayment discount if paid in full)***

Name(s) of additional attendee(s) _____

Additional attendee(s) email address(es) _____

I hereby authorize Atticus to charge my AMEX / MC / VISA / DISCOVER credit card number below in the amount of $_____

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Credit Card Number

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Exp Date

Name as it appears on card _____ Billing Street Address _____

Billing City / State _____ Billing Zip _____

SIGN

X _____

Cardholder Signature

INITIAL

Yes, I _____ authorize Atticus to charge the up front fee and applicable charges.

Please Note Special Arrangements:

_____

_____

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