The Atticus Dominate Your Market™ 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: ☐ $200,000-$300,000 ☐ $300,000-$500,000 ☐ Above $500,000

Gross revenue: ☐ $500,000 - $1.5 Mil ☐ $1.5 Mil - $5 Mil ☐ $5 Mil - $15Mil+

The Dominate Your Market™ program price is $**14, 950** per year for the first attorney
$9,500 for the second attorney and **$4,500** for a Key Assistant

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 $_____

Credit Card Number _____ 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 balance, plus applicable taxes on the full fee amount three weeks prior to the start date using the above credit card.

How did you hear about this program? _____

Is there someone specific that referred you to us? _____
(if possible, please provide their name)

Please fax your completed application to
(352) 383-8637

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