WA DENTAL CPD Courses 2017

Wealth with Purpose

Financial Planning Considerations for Practice Owners

Presented by Financial Advisors and Accountants

DATE
Wednesday
22nd November

TIME
Registration 12.30pm
Course 1pm-5pm

VENUE
ADA House
54-58 Havelock St
West Perth

FEE (inc GST)
$220.00
Limit: 30 (includes light lunch & aft tea)

CONVENOR
Dr Jenny Ball

CPD HOURS: 3.5

Topics covered will include:

a. Purpose: Spend time becoming clear on what drives you, the values that underpin your decision making.
b. Creating inspiring goals.
c. Considerations when building a wealth plan.
d. Lifetime cash flow modelling.
e. Investing v Speculating.
f. Where do investment returns come from and how to capture them.
g. Investor discipline.
h. Legacy and succession planning.
i. Creating family harmony.

About the Presenters:
This course will be presented by financial advisors and accountants who work with the dental profession on a daily basis.

WA DENTAL CPD 2017 Registration Form

Online registration and secure payment available on the ADA WA website www.adawa.com.au CPD area
STRICTLY Attendees paying regular course fee ONLY

I am a member of the ADA ☐ Yes ☐ No *(please circle Branch)* WA / SA / VIC / NSW / QLD / TAS / NT

Course Name: _____ Course Date: ___ /___ /___

Please use block letters when filling in your details.

Name of Employing Dentist (required for practice staff)

Title: *(Prof/Dr/Other)*

Given Name:

Surname:

Postal Address:

State: Postcode:

Work Phone: Mobile Phone:

Email Address:

Additional Participants: *(Names)* _____

Special Dietary Requirements: ☐ Vegetarian ☐ Gluten Free ☐ Lactose Free ☐ Other: _____

Please Note: Non ADA Members add 50% to course fee *(UWA School of Dentistry staff, practice staff & members of other ADA branches exempt)*

Payment: Total Amount: AUS $_____ (includes GST)

☐ **Credit Card:** ☐ Mastercard ☐ Visa ☐ AMEX ☐ Diners

Card Number: Expiry Date: /

Cardholder Name: _____ Signature: _____

Fax completed form to ADA WA Branch +61 8 9321 1757 or email to cpd@adawa.com.au

☐ **Cheque:** Make cheque payable to ADA WA Branch Inc and post to PO Box 34, West Perth WA 6872 with your Registration Form.

No Certificate of Attendance will be issued. ***A receipt/tax invoice will be provided showing the course name and CPD hours for your records.***

Bookings, Course & Payment Enquiries: ADA Office +61 8 9211 5600 Email: cpd@adawa.com.au
Other Enquiries: Dr Jenny Ball 0419 044 549 jenny@adawa.com.au

Please note: *Your registration for these events indicates acceptance of the CPD Terms and Conditions contained in the WA Dental CPD 2017 Course Book.*