



SuperCharged Podcast

How to Scale a Successful Health Practice

00:00:30	Meet JR Burgess
00:01:20	How JR got started with his involvement in clinics
00:05:20	Seeing success with the Three Step System
00:08:00	What separates Rejuv Medical from other clinics
00:10:20	The power of stories and personal trauma
00:13:20	People don't buy better, they buy different
00:16:20	How JR was able to tell his story
00:17:40	JR's secret to keeping clients
00:22:10	Five Pillars of Practice Success and Cash Practice Success Summit
00:27:10	Why the Cash Model is the best model
00:33:30	Three bits of advice to build up your practice

Harry Massey: Welcome to the Supercharged Podcast, where we help you to enhance your energy, health, and purpose.

Wendy Myers: Bioenergetics is truly the future of medicine.

Harry: Imagine having a body charged with energy and a mind quick as lightning. Is that a superhero? No, that's you, supercharged. We'll be talking to experts who have studied the physics of life so that you can have energy for life. Well good morning or good afternoon depending where you're listening in the world. I'm really, really fortunate today to be joined by JR Burgess. We both met at Mind share just two weeks ago and JR is putting on this amazing practitioner success summit that he was telling me about while we were at Mind share he was telling me how he basically built this clinic from scratch nine years ago, which is now known as Rejuv Medical. It's got 62 locations in the states I think and another 100 locations in China. He's basically sort of taking over the world in integrative medicine and how you're able to scale all these clinics. I thought it would be really, really helpful for all of our practitioners to hear how you're able to do that. So probably a really good place to start would be your story because we're both very familiar at how important stories are in marketing, especially when you're just starting out as a practitioner, you know how on earth do you get your message out and how do you build out from there and ultimately that comes from the truth and from your story. Why don't we start, how did you get involved in clinics in the first place?



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JR:

Thank you and thank you for having me on Harry, it's an absolutely honor to be able to share with your audience and thank you for the great work that you're doing helping people heal without drugs and surgery. For me, I had a very traumatic past and was teased and had some sexual traumas as a kid and I turned into an empath. If people were in pain, I wanted to flock to them and that was I kind of did from an early age. And also loved coaching, sports were the only way that I could numb the pain that I would experience and I became a strategist and a good athlete. In grad school I decided to become a personal trainer. I loved helping people, I loved helping them coach and lose weight and the show The Biggest Loser came out and for the first time a doctor would sit in front of a patient and kind of explain, if you don't come off these medications, you're at risk of stroke, heart attack, and disease. And the patient would cry like they understood their health risk for the first time. I was just kind of blown away. I had six knee surgeries, and I'd had major injuries, do all my rugby and college baseball sports and I was training a patient that had a torn rotator cuff and he was diabetic, he didn't want to have surgery. He said, you should go see this doctor Baumgartner guy, he does holo-therapy and platelet-rich plasma and I was ready to do anything because I'd play on the weekends and I'd limp all week long. I hadn't quite learned how to deal with my emotional baggage that I had in the past at that time. So I said I was willing to go give everything a try. And I walked into his office and it was his last day at the hospital system that he was working in. And he says, "JR because you exercise and eat better, you're probably going to get a better outcome but then I want to look at your labs and see if your testosterone, your vitamin D, your thyroid are functioning properly and if we do PRP to get you better." He started talking about, "Well what are your plans when you're done with grad school?" And I said, "I'm working at this gym but it's not the type of career that I'd envisioned and I love the show The Biggest Loser." And he says, "That's interesting. I'm family practice in sports medicine and a patient comes in with diabetes, I feel like I'm just covering it up. If they come in with degenerative disk disease, I feel like I'm just covering it up if I don't get them working on active daily living skills and a healthy BMI. I think you could join me and be a concierge to my patients." I said, "Yes, that's kind of the dream that I had." And three months later I was back to 100% and playing rugby and we started and he opened up his own little clinic was a thousand square feet and I started in an 80 square foot exam room and one day ... we didn't know how to market yet and we were both good at getting results but we didn't know how to build and scale our practices. So a patient named Susan came into our practice. She had 17 medications that she was on. She'd already had seven joint replacements so the surgeons didn't have anything more to do. The pain management doctors wouldn't give her any more. She was desperate, she was contemplating suicide and basically a walking shell of what she previously was. I said, "Susan, I don't know that I'm equipped to handle you." So I referred her over to Dr. Baumgartner. He did PRP with her. We got her over to physical therapy, corrective exercises. I started focusing on nutrition. Three

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months later she was down 50 pounds, off all but two of her medications, and we kind of realized, wow we're providing a model that has hope for those that necessarily have had no hope. So we found that when we put people through our three step system, restoring their health with exercise and nutrition, rejuvenate internally with their hormones, lifestyle medicine, then we could truly regenerate their body. We realized we had a solution to what healthcare could be. So we have since been able to reverse diabetes, chronic pain, chronic disease and we said from that moment on, we found a system that can be repeatable and consistent and they go through our process and from that moment on, he sent me out to California to learn from the highest level marketing minds. I've been in two or three Masterminds every year for the last nine years and we scaled from 1,000 square feet into 6,000. Probably one of the largest independently owned integrated centers in the world, where we're holding out event that's aimed at teaching other healthcare practitioners how we can combine together and truly redefine healthcare.

Harry:

Wow. I mean, obviously I've been in this field a lot and it's really rare to see from a medical end or from an integrated medical end, where they combine all of the physical therapy and the exercise end. I know for me, I just see that as so incredibly important. I see it with actually our own practitioners and all of their clients, it's like do a scan, have some Infoceuticals or use our miHealth as a physical treatment. I myself have always done lots of exercise and it's always been a root to get better. Just because you're bringing more nutrients to all of your organs, obviously bringing more oxygen to everywhere. I was just wondering if you could speak to that because it's actually not that particularly ... it's sort of obvious and everyone knows exercise is good for you, yet there really aren't many clinics, are there, that do what you're doing. So maybe you could speak to that.

JR:

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Yeah, you nailed it. Meaning we all understand functional medicine, rejuvenative orthopedics with stem cells, PRP, and exercise and nutrition and its benefits. So it's a novel concept and everybody says, oh yeah, seems pretty simple but there's very few people that truly understand that they're not trained a physician and sometimes they're worried about giving exercise prescriptions because they don't know what and how. So we work with a lot of doctors that are world leaders in regenerative medicine just like Dr. Baumgartner, our amazing functional medicine practitioners, or physical therapists. But you see most hospitals and wellness centers, they operate in silos, they don't communicate together, they don't know how to refer, they don't know how to make these systems work together that communicate with the patient, which is truly integrated care. So I think there's a lot of practitioners that are really good at one core focus but they're also not trained the business, the scaling, how to manage people. So unless they truly have the right partners or the business partners that can learn how to do what the doctors aren't



trained to do, because to be an expert in one thing you have to go deep, so unless you have the right team members or you can scale around you, it's very difficult to make it together. So that's what we've worked really hard over the last nine years, made millions of dollars of mistakes, invested so much money and saying, "How do we truly make a system that we can repeat, that isn't based off of the ultra talented doctor or just one on one time in the room?" Because it's not possible to do this alone. So that's where we've learned how to go from 12, 50, to 82, and then how do you do it to where you really know that everybody's performing or they can't hide. That's where we've built templates that show doctors, how people can't hide, how they can come together, how they can hire the right people, because it's very difficult to do on your own. And again the silo mentality's not really helping the healthcare system. It's okay if you can't do it all but you can learn. And with the responsibility we've been able to show that but even just getting strong referral partners that in order to get this amazing outcome, they do have to be exercising, eating better, and regenerate those joints. If you are a functional medical practitioner, how do you have great referral relationships with your local orthopedist that maybe can regenerate? How do you find that trainer in your community that understands safe and progressive exercise and that can also refer to you? So that's kind of the first level. Not everybody has the finances, means or skills right off the bat to do what we've done but you can start by building an integrative care team that really passes to each other, communicates really well as a basic entry point.

Harry:

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Perfect. You were just touching in there on I guess the power of stories. I see you've got an incredible story of how you had a very traumatic childhood and then obviously you've built this incredibly successful business. I had a very traumatic childhood, more actually in my 20's, and ended up building NES. I was just wondering if you could speak to the power of storytelling in marketing, especially talking to a practitioner who's wondering how they're going to go and build their practice. Most practitioners, myself and yourself included, I guess would be ... what do you call it? A wounded healers, we're all wounded healers. The power of transforming through that wounded healing and getting that message out obviously brings you your clients and helps to build your business. I think a lot of people might stay in the wounded healer and not realize the power of it.

JR:

Yeah. It's probably the most critical element of marketing, branding. If people don't know why you do what you do, it's hard for them to buy into something. Physicians, medical providers, typically talk on logic versus people who watch reality TV, consumers want entertainment and emotion and human connection, so we have to touch the other side of the brain but in all reality what I really was good at when we first started our practice was once I learned how to email market and get on social media is, I would go to consumers and I would reveal my stories. I had no problem sharing that I had addictions, drug and alcohol



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problems. And people would say, "JR that's me too." And they would feel like I understood them, so I would connect with them. So when I was marketing through email and social media, we're getting all these patients through the door and it was because they were able to relate and realize that I've been through that, I have that story, I could potentially help them because I overcame and I share all those are my greatest lessons. When I first started selling to practitioners, I would go to conferences all around the world and I would just try to ... of physical fitness or integrated healthcare and I would get one or two people here and there. And then I started doing high level coaching with Lisa Sasevich, on really how to tell that story and they showed me that when I started doing that, I started getting eight to 10 doctors to sign up because they've all faced somebody that has addiction, they've all been teased as a kid or had a trauma, so we started creating that connection and what people thirst for is community connection. For three years, the first three years, I would just go give information and science to these doctors and I thought my story would disconnect the doctors, they're already high performers, why do they want to hear that? Even though I knew consumers thrive off it. When I started sharing that and learning how it made purpose and how it tied to what I offered, then we started really exploding and we doubled, and learning how to tell stories. So it's one of the most crucial elements in marketing and branding because everybody says they're the best. There's a million functional medicine practitioners, there's a million orthopedics and family practice doctors, but people don't buy different or don't buy better, they buy different. And the different is you, your story, your past, your reason why you do what you do. When they can connect with your brand like the Apple consumers, people feel part of it. Like Patagonia does, people experience the outdoor experience with it. So the best brands, the best storytellers in the world really learn how to sell on the highest level and they learn how to connect their story and how it can help the person they're sitting in front of transform their lives. So for a doctor for instance, if they're able to say why they left a broken healthcare system, that they were tired of just prescribing medications and they came into the world to heal people, can connect with consumers on that level, that's where things start opening up to consumers. The doctors, who are afraid to act that connection out or feel they're revealing or flawed when they are teaching to other doctors when they do their content . . . consumers don't buy medicine, they buy story and transformation. So we have to really not worry about what our peers judge us for, we've got to go connect to that one person that's out there and has hope that there is a solution or somebody that understands their problems better than what science can do.

Harry:

Perfect. Did you have to do anything yourself to get over that, to be able to tell your story out in public? Was that a very uncomfortable thing?



JR:

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Yeah, I mean because my self-confidence was shot, I was teased by a teacher at a very young age I had plastic surgery in the sixth grade, I had no self-esteem, very low self-confidence and I had just really had a purposeful message that I knew this was my calling to change people. So I remember my first weeks before I first started speaking on-stage. I would get so nervous I could barely speak before these events and it was a big fear but then I looked back to sports when I was a child. I would always have to be nervous and like go to the bathroom and pee three or four times before a game and I would have butterflies in my stomach. But I practiced harder than other people and knew I was knowledgeable in my skills, so as soon as those plays got out there and I got on the stage, that it would all kind of go away and it's no different than speaking. I learned that hey, I would get nervous beforehand but as soon as I got out there and I got into my passion and my purpose, and I had desire and I practiced and I was prepared, that it was no different from sports. So that was a simple mind shift that went from dramatic fear to, wow, this is what I love doing and now it's something that I embrace even though I still have nerves, I still have issues of, are they going to like me, how do they perceive me, how do I look but I really now am confident when I speak. And everybody says I tell my story comes and says, "I'm finally ready to quit alcohol." Or "I had abuse." Or "I had..." and that's what I'm trying to do is connect through story and most of my audience has experienced something ... I can't tell you, they don't on my Facebook Lives and everything comment on the feed but the personal inboxes I get from people relating is just it's tenfold when you really get out there. So you just have to think about your mom, or that person of love that's in front of you, when I tough in my heart each time before I go on that stage and I go on and say, "Who am I going to impact that that one person?" And I just leave the outcome away. And it works over and over again if you truly have a purpose, if you come from your heart and just try to connect with that one person. But it's got to be a blend of science and emotion. I promise you'll be leaving a lot on the table if you can't emotionally connect with people.

Harry:

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Yeah, perfect. What's the sort of secret of how you keep your clients? The stories help to bring people in and obviously once you're bringing people into your practice, how do you keep them?

JR:

Great question. What I really understood when I was going through grad school, I studied nutrition and psychology, and when we're talking about change, there's the psychological stages of change. There's an intro phase, there's a transition phase and there's a maintenance phase. So if somebody comes in with 100 pounds to lose or has auto-immune disease, there's no way that we're going to change their life in the intro phase. Our job as coaches and practitioners is to really educate in that phase of time, teach them what they don't know. How to eat, how to sleep better, all those lifestyle things that we talked about earlier that are truly the root cause that lead to disease that we



have to address and get them to understand. So when I was a personal trainer, if they said, "Well JR I don't have three months or there." I say, "Explain this from the beginning." It sometimes takes three years to change your identity to really maintain. So that first three to six months is really about you learning. Then we're going to transition. It's really about you learning. Then we're going to transition. Maybe you needed to see me once a week with health coaching or personal training, but now we're going to transition. Let's just say their goal was weight loss and we're going to transition, so we're going to go into once a week and if you're still not losing weight, you don't have enough information to be successful on your own. So in our transition phase, everybody has something that holds them back. So for me, when I quit drinking six years ago, it was I wouldn't dance, I wouldn't do karaoke, if I was at, you know, weddings.

Harry: I'd like to see that.

JR: It used to be really good when I'd drink. I let go of all that stuff, but now I'm just learning and my kids have helped me get over that past. So realizing what is the gap that holds somebody back. For weight loss, holidays every year hold somebody back, Christmas parties, when things do. So as a coach, we really have to understand what their gaps are and they fall short each year and we're really able to coach them through what are their main gaps. I tell people I can't work with you any less than a year because these are the things that have tripped you up year after year. So we have to coach and work together to find solutions, find potential work-arounds at how to get through your transitional phase, but we know they didn't transition well if they didn't continue to have results. So meaning great, your goal was 100 pounds. If you're not still losing weight in your transition, we need to go back to the intro. Where it's more support, more coaching, whatever that may be, and then maintenance is, we've seen a lot of people lose 100 pounds and then they go out on their own and they come back two years later and they're at the starting standpoint. We know emotionally, people disconnect when something tragic or emotional happens in their life. They lose a loved one, they lose a job that their identity is tied to. They go through a divorce, so as a coach or practitioner I have to say, hey, maybe in a maintenance mode, we only need to see each other once a month or once every three months, but when these life events happen, we need to replace with positive coping. So continuing to work out instead of going back to eating or drinking, and that's the one thing I don't like about AA is, I like everything that it stands for, but I don't want to 20 years from now say, hey, I'm JR, I'm an alcoholic. I can truly believe-

Harry: Yeah you want to transform.

JR: We can get past that and start to believe who we are and become. So somebody that didn't have a healthy lifestyle, I want them in two years to say, I don't know

what I would do without my workouts, my exercise, optimizing my health. We truly have to change their identity and I know I'm trying to fit this in five minutes, but you know, I became an expert coach and that's truly the thing. If we don't set them up to completely educate them and learn them, transition them the right way, overcome their gaps, and then put an alternative solution, when life events happen, it is likely that people are going to revert back to the comfortable and easy things that were their coping mechanisms at one point in life.

Harry: Wow. Well I mean it's a good point to talk about your conference that's coming up. So yeah, I mean, what type of subjects are people going to be speaking about?

JR: So when we first started building this model, it was our medical fitness model that was an ancillary revenue source for us that got the superior outcomes, when we got people working on exercise, nutrition and lifestyle. That's how we would fix their autoimmune disease. They're fatigue, they're functional problems, their orthopedic ailments and we thought everybody could do the same, but what we really learned is the practitioner's didn't have clear vision. They did not understand their weaknesses, their gaps, how to hire around it. When we looked at the business pillar, they didn't understand job descriptions, key performance metric scorecards. When we looked at the marketing, they didn't know how to tell their story. They didn't know how to put funnels in place and to create the know, like and trust for their prospects and follow up. So we started not having the success that we wanted when we taught people direct practice skills that we bought and we realized we needed to help them understand their whole business and that's when we created three years ago our five pillars of practice success. So our summit's really based on, we give people an assessment before they come. I strongly believe if you don't have the right skills to transform practitioner's lives, you need to work on that. So come in and learning from our cadaver and our regenerative labs, functional experts just like you and some of the other speakers that are there, and then, hey, maybe we can't do it all. Like we talked about earlier. Let's send your business partners, let's send your office managers so we can cover all the bases. So there's really three sections. All the business talks, all the functional medicine and medical fitness talks for outcomes and skills, and then all of the regenerative orthopedic talks. So we want them to bring their team and based on their gaps is a lot of practitioners love to continue to gain their medical knowledge and skills, but if you can truly not show me that you don't have clear vision, that you don't have metrics and repeatable processes and business systems, and you're not telling your story, you might not like it. I got to get you in those breakouts, in those tracks. So we created the cash practice success to cover all of it, but based on their assessment and their gaps, we tell them the right places to go so they can truly build what it takes to have a cash practice



success, because I know far too many doctors that are brilliant practitioners that don't get their message out just because they don't know how to do it or they don't know how to scale. It breaks my heart when I see practitioners be the best kept secret in their area because they're going to these other doctors, they're getting medicated, they're doing drugs and surgery the first options. So if we don't learn how to do this, we are really truly subjecting our patients that we care about to inferior care.

Harry: Yeah. That's something that we're really keen to support you doing that because I've seen the, we have lots of practitioners and so what we have a special thing for them and basically I think your conference is normally a thousand dollars, isn't it?

JR: Yeah. It's normally 999 and that's where you said JR, you know, I need our doctors that are using the NES System to understand those first three pillars like you talked about. So you've been gracious enough to pay half their ticket entry of your people and that's just a testitude of, you are a world leader and a pioneer that you've been dedicated so much to even want your practitioners to have the same access and success. So I thank you from the bottom of my heart for supporting our mission and paying half of their entry fee when they come and we're going to give you a world class experience when you do, because these practitioners truly need to know these things to have the success and that's the first time I've ever had any practitioner give that offer and be willing to do that. So I just thank you from the bottom of my heart. I couldn't believe it. It humbled me when you were introduced and we don't have the history like some of our other practitioners that you do. You're a generous at giving and a pioneer. That's why I know you've been so successful because that comes first in your heart versus you know, money. That's what's corrupted our healthcare system. It's profits over people and that's what you really got to get past, is helping these practitioners do this life changing medicine. Truly know what it takes and build the team that can support them so they can spread their time, which their unique ability really is.

Harry: Well thank you for that. Well, it's more your doing our practitioners a favor by educating them, but maybe we should just, because your conference is called
00:27:10 the cash practice success summit. You know, often practitioners can get, you know, tied into the whole insurance end. Maybe speak to why the cash model is, basically the best model.

JR: Yeah. For instance, the New York Times just came out with an article last week, three weeks ago and CMS and Medicare is looking to pay office visits across the board. Whether somebody has cancer, autoimmune disease, sniffles, or a cough. Whether it's a five minute office visit or a 45 minute office visit, they want to pay it the same. So practitioners that are in the assurance world, they



spend more time in their electronic records than they do counseling the patients. They continue to do this work, to get denials, red tape, bureaucracy, and physician dissatisfaction and burnout is at an all time high in the insurance models. I'm not proposing that insurance, just like our model, it's a 28,000 square foot facility. We have insurance as an entry point only. So we can do general labs, we can do office visits just because of our volume, but our other satellites in our other locations, if they're good at marketing, if they're good at the business, we highly recommend them to go to that insurance model just so you can truly get to the root cause of these patients. They need the education, they need the support, they need the time, they need to be listened to. They need a doctor that cares and that can understand that they're sick and tired of being sick and tired, and a doctor that can hold them in compliant, a doctor that can motivate, a doctor that can inspire. A doctor that, even though they hate this word but actually can sell and we teach how to do that on the highest level of integrity without cheesy marketing tactics. So whether you're a brick and mortar that has insurance right now and you're looking to do more of cash pay services because that's the stuff that we believe actually does change healthcare. When they do PRP and stem cells, and we get them exercising and eating better, when we get those labs that are not covered by the insurance, when we actually get to spend the time with them that allows us to be successful in our practices, that's truly what medicine is. Everything else is just sick care and cover up care. So we need to create models that allow them. So our model used to be 70% insurance and then 40/60, then 50/50, now 64, 60% cash and 40. So no matter where you're at, we're going to devise strategies to get you where you want to go and we're going to completely reverse engineer. That's what we do on the last day. Show me your year goals and that's what I'm a master strategist as, is being a coach and I'll help you avoid shiny object syndrome. I'll say, great, this is your goal. We're going to break that down in 90 day windows and here's your exact steps that you need to do when you lose this practice, and that's what I've become is building this as an ultimate strategist. I can see gaps from every angle, I can truly devise a strategic game plan that's based off their resources, their time, their budget, and what we often talk about. There's the Kia, there's the Ford, there's the Cadillac, and there's the Bentley. I don't care which way we get there. There's usually a faster way to get there, but you tell me your resources, your skills, your budget, and I'm going to make a perfect plan for you in what vehicle you're driving.

Harry: Perfect and just to sum up, if you could only give three bits of advice to well I don't, let's say it's a practitioner that's starting out. What would be your three bits of advice on how they can just build up a practice?

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JR: The first one is if you're going into a practice is marketing and sales is the lifeblood or the roof of a building, as I would state. If you can't consistently get patients through the door, then it's incredibly to grow and I've seen so many



doctors start their practices, be under-capitalized, have stress, have all this income. So even if they're opening up their practice and just starting, they should already have their content pieces, their stories, their backend funnel. So if you're spending ads and you don't have the right system, or a way to get leads and convert them, then the likelihood of cash practice success is very minimal. So we can't ignore that and there's so many people out there of online courses and this marketing guy and that, and it's easy to entice and buy into that because we don't necessarily know, but you have to find somebody that's good at marketing exactly what you do. So if it's not a brick and mortar that's successful or you're just having your friend and cousin do it, I've seen so many people get deceived, not have effective marketing. So find somebody that's done it, that's doing exactly what you're doing, that it's on a high level and what I go is, I've never understood where some people go to a conference and they're following those world leaders and they say, well, that doesn't work and they criticize the people that are doing it the right way. My biggest success is I've gone to those conference from the beginning and have said, wow, they are doing good things. I model and I implement success, I don't reinvent the wheel. I follow and model those successors. So marketing and sales is number one. Model success, don't try to reinvent the wheel, especially when it's not your niche. You will waste untold money, and the cost of not getting it right is too high to bear. It's preventing you from helping other people and you're gonna fail if you don't understand this, and I've seen it far too many times. That third thing is hiring the right way, is I try to tell people and all the doctors that came in and have consulted with us and it works, says, how do I find the JR? They are out there, the right practice manager, the right skills, the right office manager that does this is you got to get that right if you're a world class practitioner. So having the right person with the right skills and the right metrics is the key to you scaling beyond yourself, because if you don't have that, if you're not an expert in that, the likelihood of it is, I meet with so many, they call me when they're desperate. When it's already too late and they've been trying to do it on their own. So a, marketing and sales, b, model success and c, you absolutely need the right team member around you. Otherwise the likelihood of success is very little.

Harry: Perfect and of course yeah, if you want to go deeper on that, I really, really do recommend coming to JR's conference, which is the 14th to the 16th of September in, well it's near Minneapolis. It's not quite Minneapolis, but it's nearby and I'll also be going up there too. You know, I'm really looking forward to it. So yeah, thank you JR.

JR: Thank you and the good part about it is when you come to our model, you're not going to a conference where you sit in a room. You're going to see firsthand how our model connects, how it communicates together, how we set it up, and they'll give you the idea. You probably don't want it 28,000 square feet, I've had



to pull my hair out about a million times managing that, but even if it's going to be a 5,000 square foot clinic, seeing how we operate and efficiently integrate those systems that we teach are so key to understanding the possibility and the success that is possible for each and every one of it. I know doctors are the most intelligent and smart people in the world, in most instances. So if you can get a medical degree, or your medical license, I promise you this isn't rocket science. You absolutely can pour into the exact same structure and be just as successful. So it's not going to be too much. We're going to make this easy. With the ticket, you get to bring that office manager and friend. So if you want to bring-

Harry: That's even better, I forgot about that because not only NES putting up half the money, you can bring two people with a ticket. So it's basically \$500 for two, yeah.

JR: And if somebody has more and they want to reach out to me, Harry you know, and they want to bring two people or a potential partner when they're going in with this, I want to serve your community and I'm just thankful that you brought me on without having the knowledge of years and years of a relationship. I'm always, my philosophy is give, give, ask. I want to provide value. So it truly touched my heart and for you to be able to help me without having that history, I need to pay you back in ways. So if it's your audience, if there's that other person or that other one, reach out to me when we send you access to that information and I'm going to help serve your people no matter how I can.

Harry: Wow, thank you. It's an honor to have you as a guest today.

JR: Thank you Harry, I appreciate it and thank you so much and I hope to see you all here. I know you won't regret it and it'll probably be one of the most advanced, integrated conferences you could ever possibly imagine going to. I know that for sure.

Wendy: Please keep in mind that this podcast is not intended to diagnose or treat any disease or health condition, and is not a substitute for professional, medical advice. Please seek a medical practitioner before engaging in anything that we suggest today on the show.