

DEEP TISSUE LASER THERAPY SEMINAR SERIES

Deep Tissue Laser Therapy is the new paradigm for addressing common sports injuries as well as treating many acute and chronic conditions. Learn from a world-class panel of experts who will be presenting the latest research on dosage, application and outcomes. Seminar will be held at:

University of Toronto
Rehabilitation Science Building

500 University Avenue
Lecture Hall 140
Toronto, ON, M5S 1V7



Tuesday, November 5th

6.30 PM – 9.00 PM

The Class 4 Therapy Laser Difference

Learn how Dr. Perry Nickleston is using Deep Tissue Laser Therapy to keep his patients in action. Dr. Perry is a laser therapy expert specializing in hard-to-treat chronic conditions at his practice *Stop Chasing Pain* in Ramsey New Jersey. See and feel the Class 4 difference with Dr. Perry.

Dr. Perry Nickleston, DC, FMS, SFMA

A Chiropractic Sports Physician with primary focus on Performance Enhancement and Corrective Exercise, Metabolic Fitness Nutrition and trained from The American College of Addictionology and Compulsive Disorders. He is an expert in myofascial, orthopedic, medical and trigger point massage therapy.



Light snacks will be provided. There will also be plenty of opportunity for hands on demonstrations of the world leader in Class IV therapy lasers.

Lecture Cost \$ 50 | Additional practice members only \$25.00

***Visit RemingtonMedical.com/Events to Register**

Find out why over 50 pro teams, (including the Toronto Blue Jays, Buffalo Sabers, Rough Riders, Nets, Boston Celtics and many more) are using higher powered lasers to keep their players healthy and in the game. You will gain an understanding of this powerful technology and will find out if it may be right for your practice.

DEEP TISSUE LASER THERAPY

SEMINAR SERIES

REGISTRATION FORM

(PLEASE FILL OUT ALL FIELDS)

NAME:	CREDIT CARD No.:
TYPE OF PROFESSIONAL:	EXPIRY DATE: _____ / _____
PRACTICE NAME:	3 DIGIT SECURITY CODE ON BACK:
MAILING ADDRESS: STREET: CITY: _____ PROVINCE: _____ POSTAL CODE: _____	NAME: (As it appears on the card)
PHONE:	BILLING ADDRESS: <input type="checkbox"/> CHECK IF SAME AS MAILING ADDRESS STREET: CITY: _____ PROVINCE: _____ POSTAL CODE: _____
FAX:	SIGNATURE:
EMAIL: (Required for Confirmation)	DATE:
AMOUNT DUE:	
PAYMENT METHOD: <input type="checkbox"/> CHEQUE <input type="checkbox"/> MC <input type="checkbox"/> VISA	

PLEASE SEND COMPLETED FORM BY

FAX: 1.866.470.7787

EMAIL: karen@remingtonmedical.com

PHONE: KAREN at 1.800.267.5822 x240

MAIL PAYMENT INFO OR CHEQUE TO:

REMINGTON MEDICAL

401 BENTLEY STREET, SUITE 9, MARKHAM, ON, L3R 9T2