

# Registration Form

Please mark which course(s) you wish to register for:

**Sep 25th – 27th 2009** (HKD 4,300/ 4,100/ 3,900)

Myofascial Release for Orthopedic, Neurologic, Pediatric & Geriatric Patients: The Three-Planar Fascial Fulcrum Approach (CTIS 101)

Myofascial Mapping and Patho-Physiology Mapping- Critical Diagnostic Skills for Manual Practitioners (CTIS 102)

**Nov 28th – 29th 2009** (HKD 3,300/ 3,100/ 2,900)

Treatment of Pain & Muscle Spasm with Strain & Counterstrain Technique for the Orthopedic, Neurologic, Pediatric & Geriatric Patient (VOSYS 104)

**Jan 23rd – 24th 2010** (HKD 3,300/ 3,100/ 2,900)

Integrative Manual Therapy for the Autonomic Nervous System & Related Disorders with Advanced Strain & Counterstrain Technique: The Treatment of Smooth Muscle Spasm (VOSYS 101)

**Apr 10th – 11th 2010** (HKD 3,300/ 3,100/ 2,900)

Neural Tissue Tension Technique: To Decrease Pain, Increase Movement and Improve Nerve Function (CRNS103)

**Jun 12th – 13th 2010** (HKD 3,300/ 3,100/ 2,900)

Muscle Energy Technique & 'Beyond' for the Pelvis, Sacrum & Lumbar Spine. (MSKEL 101)

**Sep 11th – 12th 2010** (HKD 3,300/ 3,100/ 2,900)

Comprehensive Treatment of Joint Dysfunction with Manual Therapy: for Painful Pre & Post Surgical, Inflamed & Infected Joints (IMDE 141)

**Nov 27th – 28th 2010** (HKD 3,300/ 3,100/ 2,900)

Visceral Therapy for the Gastrointestinal Tract: Pain and Dysfunction. A Manual Therapy Solution. (VOSYS 201)

**Feb 19th- 20th 2011** (HKD 3,300/ 3,100/ 2,900)

Lymphatic Drainage Therapy: An Integrative Manual Therapy Approach (IMDE 101)

**Apr 9th – 10th 2011** (HKD 3,300/ 3,100/ 2,900)

Visceral Fascial Release for all Organ Systems: A Manual Therapy Solution for Organ Related Pain and Disability. (VOSYS 200)

•Please fax this form to Balance Health, 3747 7969 or email [customercare@balancehealth.com.hk](mailto:customercare@balancehealth.com.hk)

Family name\*: \_\_\_\_\_

Given Name\*: \_\_\_\_\_

Occupation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile\*: \_\_\_\_\_

Email\*: \_\_\_\_\_

**Payment Method**

Cheque

Cash

Credit Card

**Received Date**

For enquiries, please contact Balance Health, +852 2530 3315 or email [customercare@balancehealth.com.hk](mailto:customercare@balancehealth.com.hk). Mail your registration form to 2705, 27/F, 3-5 Arbuthnot Road, Central, HK or fax to 3747 7969. Please call Santi for additional information or questions. Payment by cheque to "Balance Health Ltd" can be mailed to our office. For cash and credit card payment, please come to our office personally. No refund once registration has been accepted.

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