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Or Register by mail: WCA, 521 East Washington, Madison WI 53703; Fax: 608-256-7123; Phone: 608-256-7023

COURSE OVERVIEW

Discuss ways to approach patients' health challenges from a functional medicine perspective, including: addressing causes vs repressing symptoms; and applying lifestyle-based therapy including nutritional recommendations; and managing stress and its implications. Review the Hypothalamic Pituitary Adrenal (HPA) Axis (the stress response system), understand Hans Selyes's General Adaptation Syndrome (a model of stress) and learn 4 key modifiable HPA axis stressors. Participants will leave with a number of nutritional supplement protocols and lifestyle measures to support health HPA axis function to implement in practice immediately. Approved for 4 Nutrition hours.

INSTRUCTOR BIO

Dr. Nicole Fenske, DC, CCN holds an MA in Latin American Studies from UT Austin and graduated from Palmer College of Chiropractic in 1998. A board-certified Clinical Nutritionist, Dr. Fenske lectures frequently on a variety of topics, including Breast Cancer Prevention, Diet and Detoxification, Natural Care for and Prevention of Heart Disease, Osteoporosis, Balancing Hormones Naturally, Gastrointestinal Health and Managing Inflammation Naturally. Dr. Fenske is in active practice in Middleton.



LOCATION

Wisconsin Chiropractic Association
521 East Washington Ave
Madison, WI 53703

SCHEDULE & REGISTRATION

Thursday December 13, 1PM-5PM

	Member	Nonmember	Early Bird Discount (7+ days prior)
<input type="checkbox"/> HPA Axis	\$105	\$145	\$20 off

Amount Due: \$

REGISTRATION GUIDELINES

Pre-Registration is highly recommend; you may register on-site only if space is available.

Refunds, less \$15 administrative fee, until 7 days before event. 50% refund 2-6 days before event. No refund day before or day of event.

ATTENDEE INFORMATION

PLEASE TYPE OR PRINT CLEARLY

First & Last Name _____
 Clinic Name _____ WCA Member? Y / N
 Clinic Address _____
 City _____ Zip _____ Phone with area code _____ - _____ - _____
 Email (required for confirmation) _____

PAYMENT INFORMATION

TOTAL DUE \$

Method: Visa MasterCard Discover Amex Check Payable to WCA CK# _____
 Credit Card # _____ CVV Code _____
 Name on Card _____ Expiration _____ / _____
 Billing Address on Card _____