



COLD LASER & LIGHT THERAPY

FRIDAY, SEPTEMBER 18, 2020 • 6 CE DC/CT

SHERATON, BROOKFIELD

• Fax 608-256-7123 • Phone 608-256-7023 • Email registration@wichiro.org • Online www.wichiro.org
 Mail 2401 American Lane, Madison, WI 535704

COURSE OVERVIEW:

This course will introduce chiropractors and chiropractic technicians to the concepts of light, the electromagnetic spectrum, the physiological effects of light at specific wavelengths, and its therapeutic applications in the form of cold laser and light therapy. Photochemical and photo biological effects of light will be discussed as well as the therapeutic window of light as applied within the clinical setting. Dosage, treatment protocols, conditions and indications, contraindications, and safety will also be reviewed. A hands-on session will be offered at the conclusion of the class.

INSTRUCTOR:

Wendy Varish, DC, FACO, CCSP, CCOHC, MCS-P practices at Howards Grove Chiropractic.



LOCATION:

Sheraton Milwaukee Brookfield Hotel
 375 S Moorland Rd
 Brookfield, WI 53005

REFUND & REGISTRATION POLICIES

Please read carefully.

EARLY BIRD RATE: REGISTER **10 Days** before the class, receive 10% OFF.
CANCELLATION / REFUND POLICY: You may cancel your registration or transfer to a different class without penalty until 10 days before the event. From 2-9 days before an event, cancellations or transfers will incur a \$20 administrative fee. NO refunds or changes less than 24 hours before the event starts. For multi-day events, this policy is in effect from day one of the event. For those receiving complimentary CE: \$20 fee for changes 2-9 days before event. \$50 fee for changes day before, day of, and no-shows.

FOR THOSE RECEIVING COMPLIMENTARY CE (Students, New DCs) There is also a \$50 fee for cancellations the day before or the day of an event, and for no-shows.

Thank you to our sponsor!

	REGISTRATION OPTIONS	DATE / TIME	REGULAR RATE		EARLY BIRD - Register 10 days in advance -10%	AMT DUE
			MEMBER	NONMEMBER		
<input type="checkbox"/>	Cold Laser & Light Therapy 6 CE DC/CT	Fri Sept 18, 1pm-7pm	\$135	\$165		

ATTENDEE INFORMATION PLEASE PRINT CLEARLY • ONE ATTENDEE PER FORM

First & Last Name _____ Initial Licensure OR Renewal

Clinic Name _____ Supervising DC _____ WCA Member? Y / N

Address _____ City _____ Zip _____

Email (required for confirmation) _____ Phone with area code _____ - _____ - _____

PAYMENT INFORMATION

Method: Visa MasterCard Discover Amex Check Payable to WCA # _____ DISCOUNT CODE _____

Credit Card # _____ Expiration _____ / _____ CVV Code _____

Name on Card _____

Billing Address on Card _____

TOTAL DUE
\$ _____