



# FUNCTIONAL BRAIN SEMINARS

**Location:** Four Points By Sheraton Toronto Airport  
6257 Airport Road, Mississauga, ON

**Dates:** May 13 - 14

**Times:** Saturday 9 am - 6 pm, Sunday 9 am - 2 pm

**Instructors:** Dr. Ian Horseman and Dr. Peter Jaillet

## In this practical two day seminar you will learn:

- Three accurate assessments for Concussion patients to identify which brain functions are compromised and how to measure and record these.
- Master five proven ways to help with recovery of post concussion syndrome including manual therapy, home rehabilitation and nutrition.
- Return to play/school protocols as well as baseline testing will be presented.
- Attendees will learn simple ways to accurately assess balance in both static and dynamic testing, and three effective treatments to improve and restore your patient's center of gravity and eliminate vertigo.
- Attendees will learn the latest ways to manage patients with headaches and migraines and will be taught easy to implement strategies to help patients reduce and eliminate these very common ailments.
- Attendees will learn why patients develop brain based sensitivities to light, sound, and smell and three proven strategies to overcome them.
- Attendees will learn the most researched nutritional advice for patients with neurological conditions will be discussed and much more.

***Please register asap as space is limited.***

The seminar will be taught by Dr. Ian Horseman and Dr. Peter Jaillet, who together have taught hundreds of posture and neurological seminars with a combined total of 45 years treating advanced cases with Functional Neurology and Posture Gait and Balance correction.



## Registration Form

Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cost: \$350 (early bird price) #: \_\_\_\_\_ After April 30<sup>th</sup>, price will be \$400

Amount Due: \$ \_\_\_\_\_  Cheque, **OR**  Visa  MC

Credit Card # \_\_\_\_\_

Expire Date: \_\_\_\_/\_\_\_\_ 3 Digit Code on back:

Name as it Appears on Card: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By **FAX**: Send completed form to **705-876-8807**

By **MAIL**: Post completed form and payment to: **Dr. Ian Horseman, 346 Charlotte St. Peterborough, ON K9J 2V9**