

**NETWORK SPINAL ANALYSIS
LEVEL 2 / INTERMEDIATE CARE HANDS ON WORKSHOP
MARCH 24-25, 2012 – OAKLAND, CALIFORNIA**

Dr. Peter Fisk will lead a Level 2 Hands-On Workshop in Oakland (Emeryville), CA on March 24-25. You can register using the enclosed registration form.

This workshop is open to chiropractors and chiropractic students who have attended at least one Intermediate-Advanced Care Intensive within the last three years. It will accelerate your clinical and communications mastery of Level 2 of Network Spinal Analysis care.

In this hands-on workshop there will be in-depth exploration of:

- ✓ All components of NSA Care Level 2A, 2B and 2C
- ✓ Spinal Gateway region development and refinement for Level 2 of NSA care
- ✓ Transitions between the sub-levels of Level 2 of NSA care
- ✓ Level 2B Side Posture maneuver and other Level 2B applications
- ✓ All Level 2C applications including – Iliac crest, clavicle and foot maneuvers, Spinal Gateway force applications and Extension Positive maneuver.
- ✓ Plus so much more!

IMPORTANT NOTE: Review your ICI-ACI seminar notes thoroughly before the workshop so that you are familiar with the material. If you do not have the most current ICI-ACI note package, please call Wise World Seminars at (303) 678-8086.

Hands On Registration Fees:

D.C.....\$275
Chiropractic Student.....\$175

Hands On Schedule:

Saturday12:00 - 6 p.m.
Sunday.....9 a.m. - 4 p.m.

Program Location:

Network Chiropractic of Emeryville
5901 Christie Ave. Ste. 105
Oakland (Emeryville), CA 94608
Phone (510) 654-1480

For information on directions and area accommodations email: info@jacksonfiskonline.com

For more information contact Dr. Peter Fisk at:
Phone : (970) 377-2399 Fax: (970) 377-2416 E-mail: peter@jacksonfiskonline.com

**NSA LEVEL 2 / INTERMEDIATE CARE HANDS ON WORKSHOP
MARCH 24-25, 2012 – OAKLAND, CALIFORNIA – REGISTRATION FORM**

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____

E-Mail: _____ Important! Your confirmation will be sent to you by e-mail.

D.C. Student

Hands On Registration Fees:

D.C \$275 Chiropractic Student \$175

To reserve your place, you can:

1. Mail your registration form and payment to:

Peter Fisk, D.C
Jackson Fisk Body & Soul
3944 JFK Parkway, Suite 12B
Fort Collins, Co 80525

2. Fax your registration form with credit card number and expiration date to (970) 377-2416

3. Call **Jackson Fisk Body & Soul** (970) 377-2399 with credit card information.

Paying by Check:

Please make your check out to **Dr. Peter Fisk**

Check #: _____ Amount: _____

Paying by Credit Card (billed by Jackson Fisk Integrative Health Care):

Credit Card #: _____

Exp. Date: _____ / _____ V-Code: _____ (Last 3 digits on back of credit card)

Amount: _____ Signature: _____

Financial and Cancellation Policy

Your payment will reserve your space in the workshop. As there are limited spaces there will be no refunds, the workshops will be booked on a first come first serve basis, and if the workshop is full by the time your registration and payment is received you will be notified and refunded immediately. Upon receipt of your registration and payment, a confirmation will be sent by email. Please keep a copy of your registration as a receipt.

For more information contact Dr. Peter Fisk at:

Phone : (970) 377-2399 Fax: (970) 377-2416 E-mail: peter@jacksonfiskonline.com