SYSTEMS HEALTH CARE WORKSHOP SERIES

This 50 hour course held over four weekends will teach you the entire Systems Health Care protocol and techniques. You'll finish the course feeling confident in your ability to treat even the most difficult case, from musculoskeletal problems to visceral dysfunctions. Basic manual muscle testing skills are required.

- Identify primary problems by finding and treating patterns in a systematic and individualized progression.
- Recognize the difference between compensations and adaptations, and treat accordingly.
- Learn how to precisely diagnose health concerns using different types of muscle testing procedures combined with visceral referred pain patterns and other associated factors.
- Efficiently treat accordingly to physiological hierarchy so that health issues remain resolved.
- Discover new muscle testing and treatment procedures that can apply to all patients, as well as biochemistry and nutrition protocols, tips and insights, and a whole lot more!

DATES:
1. September 16-17, 2017
2. October 14-15, 2017
3. November 4-5, 2017
4. December 9-10, 2017

(Saturday from 10am until 7pm and Sunday from 9am until 1:30pm)

Location: Dr. Gangemi's office – 213 Providence Rd, Chapel Hill, NC 27514

Cost: **$2,995** - Which includes the Systems Health Care Manual
$2,725 - If you already have purchased the SHC Manual
$2,600 - If you already have purchased the SHC Manual and the entire SHC Video Series

To register, fill in your info below and mail (address above), scan and email (drgangemi@gmail.com) or fax (919-419-9049) back. You can also call/text (919-434-4994) with any questions or to register and I'll get back to you. **Class is limited to 8 attendees! Inquire about CE credits for your state and profession.**

Name:_____
Address:_____
Phone: _____Email: _____

Please sign and date verifying that you understand that there will be no refunds for this course if you are unable to attend any or all of the course hours or if you are unable to attend any workshop weekend.

Name: _____ Date:_____
Payment Method: Check Credit Card
Credit Card Number:_____
Ex. Date:_____/_____
Sec. Code:_____
Amount: $2,995 or $2,725 or $2,600
Credit card billing address if different than above: _____
Signature authorizing Dr. Gangemi to charge the above amount: _____