

2016 Registration and Payment Form

VNG Training Seminar, Fort Wayne, Indiana

Fall of 2016, Date to be announced

Program Overview:

This course is designed specifically to teach clinics and private practices how to manage dizzy and balance disordered patients. The health care professionals who attend will learn to successfully apply all educational material presented and learned skills acquired directly and immediately into their practices. Participants will gain an enhanced understanding of effective diagnosis and management techniques to benefit their patients with dizziness, balance and movement disorders.

- Demonstration of balance assessment and the importance of integrating balance screenings
- Hands-on VNG training with VNG diagnostic equipment
- Introduction to VNG interpretive reports: how to recognize a normal report, how to recognize positional vertigo (BBPV)
- Overview of Vestibular Rehab Therapy (VRT)
- Billing and coding information
- Patient and business development
- Open forum regarding vestibular and balance disorders

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Seminar and Private Training Location:

The live event location is expected to be in the heart of downtown Fort Wayne and is subject to change based on the projected number of attendees. Generally, it is likely to be held at the downtown location of either the Courtyard Marriott, the Hilton Hotel or in a hospitality suite of our local professional baseball stadium.

Note: Meals/snacks may or may not be included in the seminar registration fee and are available from nearby restaurants. Please inquire at the time you submit your registration form.

Hotel Information:

Courtyard Marriott 1150 Harrison Street, Fort Wayne, IN 46802; Hotel ph: (260) 490-3629

Hilton Hotel 1020 S. Calhoun Street, Fort Wayne, IN 46802; Hotel ph: (260) 420-1100

Ground transportation:

The Fort Wayne International Airport is about 9 miles from downtown Fort Wayne, which is approximately 20 minutes in transit, depending on traffic. Check with your hotel about airport shuttles. Several rental car companies are located at the airport.

PLEASE PRINT

Name/Title _____

(As it should appear on your certificate of completion, name tag, etc)

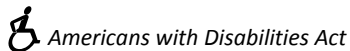
Discipline or specialty: _____

E-mail: _____

Phone number: _____ **Circle one:** Mobile Office Residence

Address: _____

Special dietary (including vegetarian/religious) or physical accommodations



Event staff will be glad to assist you with any special needs (ie, physical, dietary, etc). Please contact Lana Scherer prior to the live event by calling 260-436-1432.

Registration fees (please attach information for each attendee as shown above):

\$ _____ per attendee Qty _____ at \$ _____ = _____
Total amount: \$ _____

I authorize Secure Health, Inc. to charge the following credit card

Contact name and title: _____

Name on credit card: _____

Visa or MasterCard credit card number: _____

Expiration Date: _____ 3 digit security code (back of card): _____

Credit card billing address: _____

Phone Number: _____ **Circle one:** Mobile Office Residence

Card holders name: _____

Authorized signature: _____



Enter check number if paying by check: _____

Prices (if shown) are current as of April 1, 2016.

All registered attendees will receive:

1. Notebook of general course information and handouts
2. Educational information as described in the program overview
3. Certificate of completion

NOTE: This event/activity is not accredited at this time and is for educational and informational purposes only.

TERMS/CONDITIONS

Payment Information

Full payment must be received with each registration. Visa, Mastercard and checks drawn on US banks are accepted. Checks should be made payable to Secure Health, Inc.

Cancellation/Refund Policy

Secure Health, Inc. reserves the right, at its sole discretion, to cancel a live event due to inclement weather, debilitating illness of the instructor or key personnel, or any other unforeseen disaster or calamity, which may occur at any time prior to or during the operation of the event. Secure Health, Inc. shall not be held liable for damages, claims, expenses, or losses incurred from cancellation from either party. If a registrant must cancel due to illness, scheduling, inclement weather, travel difficulties or other unforeseen disasters or calamities, Secure Health, Inc. will extend and honor their registration for one year from the date of the original live event so the registrant may attend another live event. Or registrant may send another designee in their place (with rate adjusted higher if not of equal or less value). Registration refunds are not available unless cancelled in writing 60 days prior to the live event and a 20% processing fee will be deducted from the refund amount. Refunds requested by a registrant within 60 days or less of a live event are not available for any reason. Travel/hotel/meal or other expenses are not included in the registration fee and are not eligible for refund or compensation. For complete cancellation policy information, please contact Secure Health, Inc.

Accreditation

There is no accreditation for this event/activity at this time.

Americans with Disabilities Act

Event staff will be glad to assist you with any special needs (ie, physical, dietary, such as vegetarian, religious, allergies, etc). Please contact us prior to the live event by calling 260-436-1432 or indicate your request(s) on the registration form.

DISCLAIMER:

This course is designed solely to provide the health care professional with information to assist in his/her practice and professional development and is not to be considered a diagnostic tool to replace professional advice or treatment. The seminar course serves as a general guide to the health care professional, and therefore, cannot be considered as giving legal, nursing, medical, or other professional advice in specific cases. Secure Health, Inc. specifically *disclaims* responsibility for any adverse consequences resulting directly or indirectly from information in the course, for undetected error, or through participant's misunderstanding of the content.

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