

# Prolotherapy Weekend

October 7-9, 2010 at UNECOM

## Course Outline:

Thursday, Oct 7: This is required for those physicians who have not taken a prior course in prolotherapy. It will include an introduction to prolotherapy, wound healing, degenerative postural cascade, coding and billing.

Friday and Saturday, Oct 8-9: Participants will be divided into two groups, beginners and advanced. These two groups will alternate between lectures and anatomy and injection technique while the other group will be in the anatomy lab performing injections under supervision and reviewing prosections.

## Presenting:

Mark S. Cantieri, DO, FAAO, Program Chair  
George J. Pasquarello, DO, FAAO

## Prerequisites

Functional Anatomy; (1) Level I course or equivalent

## CME

The program anticipates being approved for 20 hours of AOA Category 1-A CME credit pending approval by the AOA CCME.

## Program Time Table

Thursday, October 7 ..... 5:00 pm - 10:00 pm  
Friday, October 8 ..... 8:00 am - 5:30 pm  
Saturday, October 9 ..... 8:00 am - 5:30 pm

Thursday includes a 30 minute break; Friday & Saturday include (2) 15 minute breaks and a (1) hour lunch)

## Who May Attend Policy

The primary educational objective for AAO is to provide programs aimed to improve understanding of philosophy and diagnostic/manipulative skills for AAO members, DOs who are not AAO members, individuals who are licensed for the unlimited scope and practice of medicine, and for those in programs leading to such license.

## Course Location:

University of New England, Biddeford Campus  
11 Hills Beach Road  
Biddeford, ME 04005  
(207) 283-0171  
<http://www.une.edu>

## Travel Arrangements

**Globally Yours Travel**  
Tina Callahan at (800) 274-5975

\* A rental car is recommended since the campus is located about 15-20 minutes from most hotels and restaurants.

## Cancellation and Refund Policy.

The American Academy of Osteopathy® reserves the right to cancel an educational program if insufficient physicians pre-register. Sufficient registrations must be received 30 days prior to the opening of the course. If you are considering registering for a course less than 30 days prior to the opening, contact the Academy office before making travel plans. In the event of course cancellation by the Academy due to lack of registration, all registration money will be refunded. Cancellation from participants received in writing up to 30 days prior to the course opening are subject to withholding of a 20-percent administrative fee or they may transfer 80-percent of their tuition to another educational program to be held within the next 12 months. Cancellations received in writing under 30 days prior to the course opening can transfer 80-percent of their course registration fee to another course to be held within the next 12 months. Any registrant who fails to appear for an AAO program can transfer up to 50-percent of their registration fee to another AAO educational program to be held within the next 12 months if a written and signed explanation is received at the AAO office within 10 days of the scheduled course. All other cancellations will receive no refund or transfer of registration fees.

## Registration Form

### Prolotherapy Weekend, October 7-9, 2010

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

Nickname for Badge: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

*By releasing your Fax/Email you have given the AAO permission to send marketing information regarding courses via fax or email.*

AOA#: \_\_\_\_\_ College/Yr Grad: \_\_\_\_\_

I require a vegetarian meal

*(AAO makes every attempt to provide snacks/meals that will meet participant's needs, but, we cannot guarantee to satisfy all requests.)*

## Registration Rates

\$1,200 (if book has been previously purchased)

\$1,510 to include course syllabus:

AAO accepts Check, Visa, Mastercard, or Discover

Make checks payable to "American Academy of Osteopathy"

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

Cardholder's Name \_\_\_\_\_

Date of Expiration \_\_\_\_\_ CW2# \_\_\_\_\_

I hereby authorize the American Academy of Osteopathy® to charge the above credit card for the full course registration amount.

Signature \_\_\_\_\_