



Superior Medical's Continuing Education Program Presents....

# Compression Therapy in Your Clinic

Millions of people worldwide have already discovered the many benefits of this highly effective and non-invasive medical treatment. **Register now** to learn more about how compression therapy can help you treat chronic venous insufficiency, varicose veins, edema, lymphedema, common fatigue, pregnancy and much, much more!

**GENERATE ADDITIONAL REVENUE!!!**  
**STOP REFERRING YOUR PATIENTS!!!**  
**RECOGNIZED BY MOST MEDICAL INSURANCE COMPANIES!!!**

## Compression Therapy Fitter's Course Only \$61.95 + HST

An overview of basic anatomy and physiology of vascular disease  
Understand the indications and contraindications of compression therapy  
Understand compression classes and how they relate to pathologies and product selection  
Learn how to measure and fit medical wear correctly  
Learn how to properly market compression therapy to your existing and new patients

### Up Coming Course Dates:

Friday, February 10 <sup>th</sup> , 2017	Friday, May 12 <sup>th</sup> , 2017
Friday, March 3 <sup>rd</sup> , 2017	Friday, June 16 <sup>th</sup> , 2017
Friday, April 21 <sup>st</sup> , 2017	Friday, July 14 <sup>th</sup> , 2017

### Presented By:

*Superior Medical Limited, Continuing Education Program*

### Location:

520 Champagne Dr., Toronto, ON M3J 2T9

### Time:

10:00am – 5:00pm

**Lunch and Snacks Provided!**

## JOIN US!!!!

...for an empowering 7-hour session filled with practical information, presented in a relaxed atmosphere. Network with colleagues and enhance the many invaluable services already offered in your practice.

*Registration is limited to a maximum of 20 participants. See reverse for registration form.*

## SUPERIOR MEDICAL LIMITED

520 Champagne Dr., Toronto, ON M3J 2T9 · T (416) 635-9797 · TF (800) 268-7944 · F (416) 635-8931  
[info@superiormedical.com](mailto:info@superiormedical.com) / [www.superiormedical.com](http://www.superiormedical.com)

# Compression Therapy Course Registration Form

Yes, I would like to attend the compression therapy fitter's course on:

- |   |   |
|---|---|
| <input type="checkbox"/> Friday, February 10 <sup>th</sup> , 2017 | <input type="checkbox"/> Friday, May 12 <sup>th</sup> , 2017  |
| <input type="checkbox"/> Friday, March 3 <sup>rd</sup> , 2017     | <input type="checkbox"/> Friday, June 16 <sup>th</sup> , 2017 |
| <input type="checkbox"/> Friday, April 21 <sup>st</sup> , 2017    | <input type="checkbox"/> Friday, July 14 <sup>th</sup> , 2017 |

*Please Print Clearly*

First Name		Last Name	
Organization			
Street			
City		Province	Postal Code
Telephone		Fax	
Email			

Please print your name as you would like it to appear on your certificate (include any applicable designations, if desired):

\_\_\_\_\_

## Method of payment:

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> VISA       | <input type="checkbox"/> AMERICAN EXPRESS |
| <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> CHEQUE           |

<b>Fitter's Course Fee</b>	<b>\$61.95</b>
<b>HST 13%</b>	<b>\$8.05</b>
<b>Total</b>	<b>\$70.00</b>

.....  
CREDIT CARD NUMBER

EXPIRY DATE

3 DIGIT SECURITY CODE

.....  
SIGNATURE

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