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Jul/Aug 2009
Volume 12, Issue 4



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- > Saskatoon Health Region also plans Maternal and Child Health Centre and long term care expansion

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Canada Careers and Education

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Recently an opinion piece by Andre Picard of the Globe and Mail began as follows “The single most important person in Canadian health care today is someone you have likely never heard of – Stephen Duckett, the new chief executive officer of Alberta Health Care.” When the article was written Duckett had been on the job for 12 weeks and had just begun to restructure health care delivery in the most fundamental of ways. While this editorial is about health care delivery changes in Alberta, Picard contends that the model that is used in Alberta, if it succeeds will be copied across Canada. (Picard 2009 p.1)

Alberta’s health care system has undergone some very dramatic changes, all within the last 15 years or so. Before 1994, the health department managed 128 acute care hospitals, 25 public health boards and 40 long term beds. Hospitals and the province almost routinely ran deficit budgets and the province was in debt. After winning the leadership of the Conservative Party in 1993, Ralph Klein began drastic cuts in spending in health care and other areas.

In 1994, the system was fundamentally restructured by establishing 17 health regions with appointed boards to govern all health care services within the region. By 2001, two thirds of regional board members were elected with the remaining third being appointed. In 2003, the 17 regions were reduced to nine and the boards, once again, were appointed not elected. (Alberta Health and Wellness, p.3)

Picard 2009 (p.1) said that Alberta had created a health care system that was the most innovative and arguably the best in Canada. Each health authority created a system within the region that: was responsive to regional needs; formed strong alliances between the university researchers and the region; and improved public health. However regionalization led to powerful leaders in the regions to push for massive investment in infrastructure, new research

Editorial: by Jennifer (Jay) Sherwood, BScN, MEd.

Will Alberta’s move away from regional health authorities be something for other provinces to consider?

funding and ever increasing health spending.

In 2008, the premier of Alberta, Ed Stelmach announced that the nine regional health authority boards. The Mental Health Board, the Alberta Cancer Board and the Alberta Alcohol and Drug Abuse Commission would be dismantled and replaced by one provincial governance board namely the Alberta Health Services Board. This new “superboard” is now responsible for health services delivery for the entire province and reports directly to the Minister of Health and Wellness. This new governance model is intended to strengthen provincial management of health services and the health workforce. (Alberta Health and Wellness, May 15, 2008)

According to Picard the first year of the superboard’s existence has been a disaster. Over spending amounted to \$1.2 billion and access and quality of care has deteriorated. The minister has commented that this is “the largest merger in Canadian history”. While he maintains that the changes are necessary to sustain the system, reduce wait times and enhance the quality of care, detractors see them as steps to “break the system” to “pave way for private care” (Eggen 2009, p.1).

A senior Australian health official, Stephen Duckett was appointed President and CEO of Alberta Health Services beginning in March. Duckett, an economist has written extensively about health care and health care reform. He does not seem to be an avid supporter of privatization but is supportive of private clinic delivery of public health care. In an article written in 2005 for the Canadian Medical Association, he spoke against adopting the Australian model of health care. In that system a private system runs parallel to the public system. Duckett is quoted as saying “The dual system has deleterious implications for the equity and efficiency of the health care system”. He added that with surgeons working in both

the public and private systems patients end up waiting longer for procedures in public hospitals.

Duckett’s immediate challenge is to address a projected 1.1 billion dollar shortfall for the 2009-2010 fiscal year, coupled with a 343 million dollar shortfall in 2008. So far, the board has reduced that deficit by imposing hiring restrictions across the province, cutting 100 administrative positions including eliminating 50 nurse management positions in Calgary hospitals. Duckett suggests that approximately \$400 million can be saved in the long term due to the amalgamation of the regional health authorities as well as moving patients who are waiting for long term beds out of acute care and moving them to “wards where they belong”. In Edmonton and Calgary alone there are about 600 patients in acute care beds who should be in long term care. This has a serious impact on staffing costs as the staffing ratios for long term care are different. (CBC, 2009)

Ron Liepert, Minister of Health supports the board despite heavy criticism from opposition political parties, unions and interest groups such as Friends of Medicare. He is confident that the system will become more efficient once the board implements a long term plan.

As time passes we can be sure to hear much news about health care coming out of Alberta. Depending which side of the ideological fence you sit on the news will be perceived as good or bad. However, everyone agrees that it is the patient receiving care who is at the center of the system. In the government’s own words, people need “...access to services when they are needed, in the right location and in a way that is sustainable in the years ahead. It is about ensuring we invest in a system that is patient-focused, coordinated and efficient.” (Alberta Health and Wellness 2008, p.7)

See Editorial page 7

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How To Get 6-Pack Abs Without Doing A Single Crunch or Sit-up

OK lets face it – most if not all people want a flat, lean midsection. But for the majority, no amount of crunches or sit-ups seem to get the job done. Have you ever heard this or asked this yourself?

“I do hundreds of crunches and sit-ups a day and I still have a flabby midsection. What gives?”

Well, before I reveal your six-pack abs blueprint, let's first debunk some very important myths about how to get six-pack abs:

Myth#1

Weight loss is the key to seeing your abs. WRONG!

The key to seeing your abs is fat loss, not weight loss. Seems like semantics but hear me out. Your body consists of fat mass and lean body mass (water, muscle, bone, organs, etc.). You want to minimize your fat mass and maximize your lean body mass to build a roaring metabolism: one that eats away at your fat stores and builds muscle like clockwork. By improving body composition you will put yourself in the best position to obtain that desired six-pack.

So if you lose 17 lbs on the scale at the expense of losing some lean muscle mass in the process you will end up slowing your metabolism, decreasing performance, and losing that good looking muscle tone. But if you lose 17 lbs on the scale and you manage to keep or gain lean muscle mass you will increase performance, see more visible definition throughout your body, and lose primarily body fat.

The scale can be misleading as there are a number of variables to account for that lead to frequent fluctuations such as hydration levels, sodium intake, and for women, the menstrual cycle. If you are going to keep a scale at home DO NOT get on it everyday, every other day or even every week. It is such an anchor, particularly for women. Get off the scale and get over the numbers. The true goal is fat loss, not weight loss. Focus on clothing size reduction, digital before and after pictures, and of course the mirror for the most accurate progress tracking. Don't get me wrong the scale has its place and is important but it should not be the thing you put all your faith in.

See 6-pack Abs page 4



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Myth#2

Do lots of abs work to preferentially burn off stomach fat

WRONG!

Spot reduction doesn't work. You can't just work the muscles of a certain area of your body and expect to have the fat in that region go away. Think about it: almost everyone does crunches but proportionately very few people perform total body workouts. So, with all of these crunches, we'd expect to see nothing but people with flat tummies and fat deposits everywhere else on their body (arms, legs, etc.). But think of how many people you know and see on a regular basis whom have more than a few inches to lose in their midsection. See what I mean – spot reduction doesn't work!

The thing is, your body loses fat in a genetically pre-determined way when there is the appropriate caloric deficit AND hormonal environment created by proper eating and training. So your best approach would be: burn as many calories during your workouts as possible by engaging your whole body each and every training session (not just your abs) so you charge up your metabolism and continue burning an elevated amount of calories AFTER your workout. Compound, multi-joint movements like squats, push-ups, lunges, etc. (or better yet, total body exercises like squat to presses) burn a lot more calories than isolation movements like crunches and sit-ups. So be sure to focus on these movements first and then if you have time, you can do some extra core work.

Myth#3

Crunches and Sit-ups are the best exercises for your abs

WRONG!

The scientific term for your six-pack muscles are your rectus abdominis. For years now, we have been conditioned to think that the best way to work your rectus abdominis is by doing endless crunches and sit-ups since these trunk flexion exercises make the muscles you want to see in the mirror "burn." However, the true function of the rectus abdominis is to prevent hyperextension (excessive back bending of the spine), not to flex forward over and over again. Anytime you brace your abs (think slight crunch before you get punched in the gut) and pull your navel into your spine you effectively stabilize your spine into a safe, neutral position. And the moment you relax your abs and lose that braced abs position, your back will begin to hyperextend putting you at greater risk for injury.

To create the best looking and strong midsection focus on stabilization exercises in all three planes of movement (sagittal - front to back, frontal - side to side, and transverse - rotational) by using pillar exercise variations (also known as planks). Besides training the true "anti-extension" function of your rectus abdominis or "six-pack" ab muscles, these bridging/stabilization exercises also activate the key

transverse abdominus muscle, or your deep abdominal stabilizer, that wraps around your spine and supports your internal organs. Do you want to reduce back pain? Then strengthen these inner ab muscles as it's key to optimal posture and performance in addition to injury prevention. Just another benefit to performing pillars over primitive crunches and sit-ups that often cause unwanted neck and back pain.

Myth#4

Do lots of long-duration cardio to burn the fat covering your abs

WRONG!

Both scientific research and real world case studies show that aerobic training for fat loss alone doesn't work. Total body resistance training is the true foundation of any solid fat loss plan. In addition, interval training, where you alternate between bouts of maximum effort and active recovery, is scientifically proven to burn more fat AFTER the workout than ordinary exercise. However, why not perform both resistance interval training and cardio interval training to combine the best of both worlds? More on this to come!

The Anti-Crunch Six-Pack Abs Blueprint:

Step #1 - Lose the fat that is covering your abs so that you can see them

- A.) Eat to lose fat and elevate metabolism
- Drink at least 2-4 cups of water immediately upon waking and then drink at least 1-2 cups of water every 2 hours you are awake. Drink 1-2 cups of water for every 15 minutes of vigorous activity.
 - Eat immediately upon waking and then every 2-4 hours after that for a total of 5-7 feedings per day [i.e. 3 meals, 2 snacks (half the size of your meals and workout nutrition)]
 - Focus on a wide range of organic lean proteins, natural fats, and fruit and veggies

Sample One-Day Menu:

Breakfast - Scrambled Eggs, Greens, and Turkey Sausage or Bacon

Mid-Morning Snack - Mixed Nuts and Fruit/Veggie of Choice

Lunch - Chicken, Salmon, or Shrimp Caesar Salad

Mid-Afternoon Snack - Cheese and Fruit/Veggie of Choice

Dinner - Turkey or Beef Meatballs and Spaghetti Squash

Pre-Bed Snack - Protein and Flax Shake

- Take a daily multi-vitamin for your gender, an essential fatty acid (EFA) supplement, a probiotic (good bacteria) supplements, and a vitamin D3 supplement.

Use The Carb Reduction Blueprint:

Use the following step by step process in the exact order listed to breakthrough any plateaus in your six-pack abs quest.

Step #1 - Replace all white carbs with 100% whole grain carbs and all refined sugars with natural sugars

See 6-pack Abs page 7

Did you know?

by Jennifer (Jay) Sherwood, BScN, MEd.

This column highlights a sample of the information that has arrived since the last issue of HEALTHbeat. All of this comes from press releases, lists and other such things that are available on the Internet. Apart from editing, I am passing it along to you as it comes to me.

Be advised, HEALTHbeat does not endorse or otherwise support any of the products, new ideas etc.

Did you know that...?

MONTREAL, PQ – In early June, Canadian Medical Association President Dr. Robert Ouellet launched the first online diabetes tool specifically designed for use by family physicians with chronic disease patients. The mydoctor.ca Health Portal now allows patients to share important diabetes-related information – such as blood sugar, weight and exercise results – with their doctor in a secure, online environment.

KINGSTON, ON – An innovative project involving the sharing of electronic health records between primary care physicians and acute care hospitals has been launched in southeast Ontario. The hospital to family health team integration initiative is one of three significant eHealth milestones being celebrated in the South East, as the entire region edges closer to an electronic health record.

TORONTO, ON – NHL Combine is an annual event giving hockey insiders and media alike a first-hand look at the future stars of tomorrow. The week-long affair is designed to test an athletes' physical health prior to the draft. They endure rigorous testing of their physical abilities, and new this year, specialized physiological testing.

SAULT STE. MARIE, ON – The Pan Northern Ontario PACS Project (PNOP) has signed an agreement with GE Healthcare for the creation of a Diagnostic Imaging Repository (DI-r) and longitudinal patient record across a sparsely populated region that spans an area larger than the state of Texas.

EDMONTON, AB – After more than a year of delays, the Mazankowski Alberta Heart Institute will open by the end of June, officials said. The advanced medical centre, a \$217-million, 132-bed facility, was first scheduled to open in September 2005, then in 2007.

VANCOUVER, BC – CanadianEMR, a comprehensive web site for physician IT, has posted its second Quarterly Roundtable Forum. A panel discusses the role of Information Technology in the management of patients with chronic diseases.

OTTAWA, ON – Canadians will have a better understanding of the impact of indoor air quality on their health, especially the health of children and adults with asthma, thanks to a new Indoor Air

Research Laboratory that was opened at the National Research Council (NRC)'s Institute for Research in Construction by the Honourable Gary Goodyear, Minister of State (Science and Technology). The lab will help contribute to better respiratory health by providing a state-of-the-art testing facility for ventilation systems.

WEST HOLLYWOOD, CA – In recent years the incidence of Sudden Infant Death Syndrome (SIDS) has been reducing, but it is still the leading cause of death for babies in their first year of life. Now a new baby movement monitoring technology is being brought to North America by Pneo. The Snuz Halo is a small, light, portable device that provides a unique new way to effectively monitor a sleeping infant.

TORONTO, ON – Ontario is expanding its successful Aging at Home program and community care initiatives to reduce pressure on Ontario's emergency rooms. Another \$187 million is being invested in the Aging at Home program that funds initiatives at the local level to allow seniors to live independently at home.

TORONTO, ON – The growing number of female physicians will reduce productivity, a study led by University of Toronto radiology resident Dr. Mark Baerlocher claims. In 2007, female physicians made up 32 per cent of the workforce but typically provided 30 hours a week in direct patient care versus 35 hours by their male counterparts. With 60 per cent of medical school students being female, they will at some point account for 50 per cent of the physician workforce. When that happens, the productivity loss will be the equivalent of 1,588 male physicians or 1,853 female physicians if the differential in hours worked remains the same.



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Step #2 - Limit all whole grain starch and natural sugar consumption to within 1-2 hours post-workout or immediately upon waking for breakfast

Step #3 - Replace all starches and sugars with fruits and veggies

Step #4 - Replace all fruits with green veggies

Step #5 - Use strategic carb and calorie cycling to take your body to the next level (This is beyond the scope of this article but the success you can achieve from this strategy is powerful)

B.) Train to lose fat and elevate metabolism
 • Monday, Wednesday, and Friday - Perform Total Body Circuit Strength Training

Sample Total Body Circuit Strength Workout - 20 Minutes (not including five minute warm-up and cool-down)

50-10 Interval Five Exercise Total Body Circuit - You will alternate between 50 seconds of work and 10 s of rest for each exercise in the following five-exercise circuit. Perform this 5-minute circuit up to four times for a 20-minute total body workout:

Exercise #	Exercise Category	Exercise Variation
1	Double-Leg: Bilateral Hip-Dominant	Hip Extensions
2	Push: Horizontal Push	Push-up Variation
3	Single-Leg: Unilateral Knee-Dominant	Single-Leg Wall Sit

4 Pull: Horizontal Pull Body Weight Rows

5 Core: Linear Stabilization or Trunk-Dominant Variation Upper Body Twist Variation

• Tuesday, Thursday, and Saturday - Perform Cardio Interval Training

Sample Cardio Interval Training Workout - 20 Minutes (not including five minute warm-up and cool-down)

30-30's – You will alternate between 30 seconds of maximum effort and 30 seconds of active recovery. You will perform this 1-minute round up to 20x for 20 total minutes. You can perform this workout on your cardio machine of choice (airdyne or spin bike, running, etc.) or by alternating between the following body weight cardio exercises for the ultimate in-home workout:

Exercise #	Body Weight Cardio Variation	Body Weight Cardio Exercise
1	Linear Locomotion Emphasis	Stationary Running
2	Lateral/Rotational Locomotion Emphasis	Jumping Jacks Variation

Step #2 - Train your abs based on their true function: STABILIZATION

Below is a core workout that would appear in my boot camp. It involves no crunches or sit-ups by using all pillar stabilization exercises. Once you master these moves and follow everything else I previously listed above, you will have a sweet pair of rock

hard abs to show for it... just wait and see!

The Power to the Pillar Workout - Tabata Style

This 20-minute total body core workout focuses entirely on pillar stabilization. The pillar collectively consists of your shoulders, hips, and core. It is your body's powerhouse, foundation to all movement.

For each exercise below you will alternate between 20 seconds of work and 10 seconds of rest. You will repeat this 30-second sequence eight times for four total minutes followed by a one minute rest and transition before moving on to the next exercise listed. For maximum benefits, you must seek to maintain a tight pillar position during all movements by actively pulling your navel to your spine, engaging your glutes, and maintaining a straight line from the heels through the shoulders. The following coaching cues work really well:

- “suck in your gut”
- “tuck your butt under”
- “round your lower back”

“give yourself a wedgie”
 “be flat like a diving board.”

- Exercise #1 Front Pillar Variation (static or dynamic)
- Exercise #2 Left Side Pillar Variation (static or dynamic)
- Exercise #3 Right Side Pillar Variation (static or dynamic)
- Exercise #4 Back Pillar Variation (static or dynamic)

Today is the dawn of a new age in core training and it is my sincere hope that you take this powerful information and run with it.

Until next time...
 Resurrect your body back to life!

About the Author:

Tyron Piteau, B.H.K., is a real world fat loss expert and owner of The Maker's Body Personal Training and Resurrect Your Body Boot Camp. For your FREE Rapid Fat Loss Starter Kit and a FREE fitness consultation visit www.MakersBody.com. (604) 626-2342 or MakersBody@gmail.com.

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July, August and September Observances

These are the July, August and September calendars of annual health observances and recognition dates for healthcare. Health observances are days, weeks, or months devoted to promoting particular health concerns. This information will come in handy for community relations programs as well as employee appreciation events. Health professionals, teachers, hospital staff and community groups can use these special times to sponsor health promotion events, stimulate awareness of health risks or focus on disease prevention.

The year long 2009 calendar can be obtained from www.alaha.org. This is the website for the Alabama Hospital Association.

July - Month-long Observances

- Cord Blood Awareness Month, Group B Strep Awareness Month, Hemochromatosis Awareness Month, Juvenile Arthritis Awareness Month, UV Safety Month

Other July Health Observances

- 10 Dental Awareness Day
- 12-18 Therapeutic Recreation Week
- 19-25 Hospitality House Week

August - Month-long Observances

- Cataract Awareness Month, Children's Eye Health and Safety Month, Immunization Awareness Month, Neurosurgery Outreach Month, Psoriasis Awareness Month, Spinal Muscular Atrophy Awareness Month

Other August Health Observances

- 1-7 Breastfeeding Week (World)
- 2 KidsDay®
- 9-15 Health Center Week
- 23 Health Unit Coordinator Day

September - Month-long Observances

- Alcohol and Drug Addiction Recovery Month, America on the Move® September Campaign, Baby

- Safety Month, Cholesterol Education Month, Craniofacial Acceptance Month, Gynecologic Cancer Awareness Month, Head Lice Prevention Month, Healthy Aging® Month, Leukemia, Lymphoma and Myeloma Awareness Month, Ovarian Cancer Awareness Month, Pain Awareness Month, Prostate Health Month, Reye's Syndrome Awareness Month, Sickle Cell Awareness Month, Sports and Home Eye Safety Month, Thyroid Cancer Awareness Month

Other September Health Observances

- 1-7 Childhood Injury Prevention Week
- 6-7 Jerry Lewis MDA Labor Day Telethon
- 6-12 Suicide Prevention Week (Day, 10)
- 13 Celiac Disease Awareness Day
- 13 Grandparents Day
- 13-19 Assisted Living Week
- 13-19 Healthcare Environmental Services and Housekeeping Week
- 13-19 Nephrology Nurses Week
- 15 Neonatal Nurses Day
- 15 Take a Loved One for a Checkup Day
- 20-26 Child Passenger Safety Week
- 20-26 Farm Safety and Health Week
- 20-26 Prostate Cancer Awareness Week
- 20-26 Rehabilitation Awareness Celebration
- 20-26 Surgical Technologists Week
- 21 Alzheimer's Day (World)
- 21-27 Reye's Syndrome Awareness Week
- 26 Family Health & Fitness Day
- 27-Oct. 3 Adult Immunization Awareness Week
- 28 Heart Day (World)
- 28 Rabies Day (World)
- 30 Women's Health & Fitness Day

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Nunavut

ALZHEIMER'S, MEMORY, & DEMENTIA

A SEMINAR FOR NURSES: 6 HOURS CREDIT

Seminar registration is from 7:45 AM to 8:15 AM. The seminar will begin at 8:30 AM. A lunch break (on your own) will take place from approximately 11:30 AM to 12:20 PM. The course will adjourn at 3:30 PM, at which time course completion certificates are distributed.

PROGRAM

- **What Ronald Reagan and Rita Hayworth Had In Common.**
- **Why Does Alzheimer's Disease Strike Some People and Spare Others?**
- **Alzheimer's Disease:** The Most Common Form of Progressive Cognitive Deterioration and the Third Most Serious Challenge to the U.S. Health System.
- **Statistics on Alzheimer's and Other Dementias:** Lifetime Risk.
- **Alzheimer's Disease:** Atrophy Plus Inflammation. The Two Sides of Brain Degeneration and Consequent Challenges in Patient Management.
- **First Symptoms of Alzheimer's Disease:** Progression from Mild to Moderate Symptoms.
- **Alzheimer's "4 A's":** Amnesia, Aphasia, Apraxia and Agnosia. Early Manifestations of the 4 A's and Mild Cognitive Impairment. Can the Decline Be Avoided?
- **Good Days and Bad Days** in Alzheimer's Disease. Can They Be Predicted?
- **Imaging of the Brain** and Diagnosis of Dementia: The Value, If Any, of Brain Scans for Forgetful Patients.
- **Vascular Health** and Dementia. The Microscopic Stroke and a Five-Fold Increase in Alzheimer's Disease.
- **Medications for Alzheimer's and Other Dementias.**
- **Genetics of Alzheimer's Disease and Other Dementias.** The Role of Cholesterol, Vitamin E, Other Tocopherols, and Omega-3 Fats. Is Vitamin E Toxic?
- **How to Prevent the 350% Increase** in the Incidence of Dementia by Year 2020.
- **How to Prevent Severe Loss** of Procedural Memory and the Inability to Take Care of One-self. The Role of Diet and Medication.
- **Can Alzheimer's Disease and Other Dementias Be Reversed** with Stem Cells?
- **The Role of Intellectual Stimulation, Physical Exercise, and Diet** in the Etiology of Dementia?
- **The Gift of Memory:** How the Human Brain Encodes, Stores, and Retrieves Information about the Past.
- **Sensory Memory, Short-Term Memory and Long-Term Memory.** Why we Remember Better Anything Divisible by 3.
- **Acoustic Code vs. Visual Code** for Storing Information: Why Can't We Remember Song Lyrics?
- **Declarative Memory, Semantic Memory, and Episodic Memory:** Similarities and Differences.
- **Estrogen, Testosterone, and Memory.**
- **Gingival Inflammation and Gum Disease:** Role in Alzheimer's Disease.
- **Dental Hygiene, Edentulism, and Life Expectancy.** Ways to Deliver Better Dental Care to Nursing Home Populations.
- **Herbal and Alternative Remedies** for Dementia. Lipoic Acid and Coenzyme Q-10.
- **Vaccination against Alzheimer's:** Why Were the Trials Halted?
- **Reducing Patient Risk** for Alzheimer's: Common Sense and Science.

MEETING TIMES & LOCATIONS

EDMONTON, AB

Thu., Sept. 24, 2009
8:30 AM to 3:30 PM
Four Points by Sheraton
7230 Argyll Rd.
Edmonton, AB

CALGARY, AB

Fri., Sept. 25, 2009
8:30 AM to 3:30 PM
Executive Royal Inn
2828 - 23 St. NE
Calgary, AB

ENOCH, AB

Thu., Oct. 22, 2009
8:30 AM to 3:30 PM
Edmonton Marriott
300 East Lapotac Rd.
Enoch, AB

CALGARY, AB

Fri., Oct. 23, 2009
8:30 AM to 3:30 PM
Calgary Exhibition & Stampede
10 Corral Trail SE
Calgary, AB

INSTRUCTORS

Dr. Donna Israel (Ph.D., L.P.C.) is a scientist specializing in the areas of aging, brain-body medicine, obesity management, women's health, and hypertension. In the areas of wellness and biochemistry, she has published more than 20 peer-reviewed articles and authored or contributed to more than 25 books.

Dr. R.S. Hullon (M.D., J.D.) is a physician and surgeon specializing in trauma and orthopedics. His medical experience includes diagnosis and treatment of infectious diseases, neurological disorders, neurodegenerative diseases (multiple sclerosis, Parkinson's, and Alzheimer's diseases) and psychiatric disorders (personality and mood disorders). His medical experience also includes diagnostic laboratory work, particularly in hematology.

Biomed reserves the right to change instructors without prior notice. Every instructor is either a compensated employee or independent contractor of Biomed.

ACCREDITATION INFORMATION

This program is designed to provide nurses with the latest scientific and clinical information and to upgrade their professional skills. Numerous registered nurses in Canada and the United States have completed this course.

Biomed's parent organization, the INR (Institute for Natural Resources), is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

INR has been accredited as a continuing education provider by the California Board of Registered Nursing (CEP #06136), the Florida Board of Nursing (#50-3026-1), the Iowa Board of Nursing (#288), and the Kansas Board of Nursing (#LT0140-0927).

For all inquiries, please contact customer service at
1-877-246-6336 or (925) 602-6140

TUITION \$109

CHECKS: \$109.00 (CANADIAN) per person with pre-registration or \$134.00 (CANADIAN) at the door if space remains. CREDIT CARDS: Charges by credit card will be processed in U.S. DOLLARS at the prevailing exchange rate. The tuition includes all applicable Canadian taxes. At the seminar, participants will receive a complete course syllabus. Tuition payment receipt will also be available at the seminar.

TO REGISTER

Please complete and return the registration form below. Or register toll-free with Visa, MasterCard, American Express, or Discover by calling **1-888-724-6633**.

REGISTRATION INFORMATION

Please register early and arrive before the scheduled start time. Space is limited. Attendees requiring special accommodation must advise Biomed in writing at least 45 days in advance. Registrations are subject to cancellation after the scheduled start time. A transfer at no cost can be made from one seminar location to another if space is available. Registrants cancelling up to 72 hours before a seminar will receive a tuition refund less a \$35.00 (CANADIAN) administrative fee or, if requested, a full-value voucher, good for one year, for a future seminar. Other cancellation requests will only be honored with a voucher. Cancellation or voucher requests must be made in writing. If a seminar cannot be held for reasons beyond the control of the sponsor (e.g., acts of God), the registrant will receive free admission to a rescheduled seminar or a full-value voucher, good for one year, for a future seminar. A \$35.00 (CANADIAN) service charge applies to each returned check. Fees are subject change without notice.

Please check course date:

- Thu., Sept. 24, 2009 (Edmonton, AB)
 Fri., Sept. 25, 2009 (Calgary, AB)
 Thu., Oct. 22, 2009 (Enoch, AB)
 Fri., Oct. 23, 2009 (Calgary, AB)

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Please enclose full payment with registration form. Check method of payment.
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 Charge the equivalent of \$109.00 (CANADIAN) to my _____ Visa _____ MasterCard _____ American Express _____ Discover _____
Charges by credit card will be processed in U.S. dollars. The prevailing rate of exchange will be used.
Card Number: _____ Exp. Date: _____
(enter all raised numbers)
Signature: _____

Please provide an e-mail address above to receive a confirmation and directions to the meeting site.