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**We are proud to have invited Associate Professor, Dr Vivienne Chuter, Head of Discipline and Program Convener for the Discipline of Podiatry in the Faculty of Health and Medicine, The University of Newcastle, to present a lecture on Biomechanics of the foot and lower limb**.



Associate Prof. Vivienne Chuter and Robert Herde of Dan Archer Medical

**9:00am - 9:30am** Registration

**9:30am -10.00am**

**Open speech**

by Dr Daniel Zhang (m.m.b.s chin), Dan Archer Medical

**10: 00am – 10: 30am**

**Brief Education of Communication Skills in Sales**

By Robert Herde, the Product Manage Dan Archer Medical

**10: 30am – 10: 45am**

Morning Tea

**10: 45am- 12am**

**Foundations of Foot and Lower Limb Biomechanics**

By Associate Professor **Vivienne Chuter**

Head of Discipline and Program Convener for the Discipline of Podiatry in the Faculty of Health and Medicine, The University of Newcastle

**12pm -1pm**

Lunch Break

**1pm -2:45pm**

**The current status of acupuncture for musculoskeletal conditions - evidence and practice**

By **Chris Zaslawski**

Associate Professor, the Deputy Dean, Faculty of Life Health, the Head of Department of TCM

University of Technology, Sydney



**2:45pm- 3pm**

Afternoon Tea

**3pm-4: 30pm**

**The Mobilization Techniques for Remedial Massage Therapists in the treatment of Heel pain, Knee Pain and Hip Pain---Theories and Practical Demonstrations**

Dr Mehieddin Ghosn (Chiropractor)

Sunshine Natural Health

www.sunshinenaturalhealth.com.au



DR Mehieddin Ghosn (Chiropractor)

**www.footbiotec.com**

**REGISTRATION FORM**

Full Name:

Practice Name: Distributor: please tick YES ( ) NO ( )

Address:

State: Postcode: Telephone: ( ) Email:

Profession: Physiotherapist Podiatrist Remedial Massage Therapist Chiropractor Acupuncturist

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**Payment Details** (for Non-Distributor Only)

Cheque: Mastercard: Visa: **AMOUNT**: $

Card Number:

Name on Card:

Authorization Number: Expiry / Signature:

**Bank Transfer**: Account Name: Dan Archer Medical

Bank: ANZ Account Number: 378955095 BSB: 012129

**AMOUNT**: $ Reference: Your Name

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**To register, please send this completed form to**:

Dan Archer Medical **Mobile**: 0424215789 **Wechat**: DanArcherMedical

**Email**: [service@footbiotec.com](mailto:service@footbiotec.com) **Add**: 6/90 Carnarvon St, Silverwater, NSW 2128 **Tel:** 02-97370985

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