



THE NOVA SCOTIA ASSOCIATION OF REFLEXOLOGY PRACTITIONERS

6th ANNUAL CONFERENCE AND GENERAL MEETING

**Saturday October 2, 2010
Meadowview Community Hall
8464 Brooklyn Street, Kentville, NS**

Directions: Take Exit 12 from Highway 101 and travel into Kentville. Turn onto Cornwallis Street and go over the bridge. At the lights make a left turn onto Brooklyn Street. Travel past the driveway leading to the Valley Regional Hospital. You will soon be at Meadowview Hall.

Schedule of Events – Members, Non-members, Students Welcomed

8:15 - 8:45 Registration

8:55 - 9:00 Opening Remarks

9:00 - 10:00 Mike Innis C. Ped (C), C. Ped Tech (C) - Pedorthist

The Foot - An Owner's Guide: This series of informative and interactive presentations will focus on basic structural anatomy of the foot and lower limb, kinematics of the lower limb – an introduction to the gait cycle, pathomechanics of the lower limb – what can happen when things go wrong, and orthotic correction of the foot.

10:00 - 10:15 Health Break

10:15 - 11:15 Mike Innis

11:15 - 11:45 Catherine Whittaker RRT

Power Point Presentation: NSARP has created an informative guide on Reflexology therapy to be used as a tool in educating the public sector, health care professionals and insurance companies as to the profession and to the benefits of treatment.

**PO Box 224
Centreville, NS B0P 1J0
(902) 679-4510
Email : NSARP@ns.sympatico.ca
Website: www.nsarp.org**



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- 11:45 - 12:30 Lunch**
- 12:30 - 2:30 Mike Innis**
- 2:30 Closing Remarks**
- 2:30 - 2:45 Health Break**
- 2:45 - 3:45 AGM**

For inquiries or to register for the conference please contact the office.

See attached Registration Form.

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**6th ANNUAL CONFERENCE AND GENERAL MEETING REGISTRATION
FORM**

**Saturday October 2nd, 2010
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8464 Brooklyn Street, Kentville, NS**

Registration by September 17th After September 17th

NSARP Member	\$55	\$60
Non-member	\$60	\$65
Student	\$30	\$35

Registration ends September 24th, 2010. There is no registration available at the door.

Registration fee includes 2 coffee/health breaks and a light lunch.

Please indicate any food allergies: _____

Name: _____ Date: _____

NSARP Member #: _____ Non-member: _____ Student: _____

Address: _____

Phone: _____ E-mail _____

Mail: _____

PAYMENT METHOD: Please check one

Cheque: _____ Cash: _____ Fee: _____

Please make cheques payable to NSARP.

CANCELLATION POLICY

No refunds are available for cancellations within 7 days of the conference date.

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