

## REGISTRATION FORM: Level III Quebec October 2018

**Date:** October 13-14, 2018

**Location:** Brossard, Quebec

**Early Bird price:** \$645 + tax (**\$741.59 including tax**) - before 09/01/2018

**Standard price:** \$720 + tax (**\$827.82 including tax**) - after 09/01/2018

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

Employer: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(Street) \_\_\_\_\_ (City) \_\_\_\_\_

(Postal code) \_\_\_\_\_ (Province) \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Credit card:  MC  VISA **(a 3% surcharge will be added if paying by credit card)**

Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CEC (3-digit # on back of card): \_\_\_\_\_

Card holder name: \_\_\_\_\_

Signature: \_\_\_\_\_

If paying by cheque, please make cheque payable to Pelvic Health Solutions and mail to:

Pelvic Health Solutions  
PO Box 22065 Big Bay Point / Barrie, ON / L4N 0Z5  
Fax: 888-653-4533 / Email: [info@pelvichealthsolutions.ca](mailto:info@pelvichealthsolutions.ca)

\*If paying by cheque, please make sure the date is at least 1 month prior to the course\*

We reserve the right to change a course location if required  
Please visit our website to view our course policies



## AUDIO FILE LICENSE AGREEMENT

As part of the course material, you will be receiving an audio file which you can distribute to your patients free of charge. This tool is not meant to be the only tool that you will use in your biopsychosocial toolkit, but it gives you some tools to start developing it.

**TO:** *Guided Therapeutic Exercise (Hereafter referred to as G.T.E.)*

**RE:** License and Use of Audio Files

I, \_\_\_\_\_, hereby acknowledge and agree as follows:

G.T.E. has granted me permission to access and make available to my patients certain audio tracks, being Body Scan, Post-exercise Restore and Relax, Imagery for Sleep, and Qi Gong – Upper, Lower, Organ and Breathing (collectively, “**Tracks**”), which Tracks may be sent electronically using Adobe Send and/or WeTransfer, or copied onto a CD for the patient’s use.

The license granted is a limited, non-transferable, non-exclusive right to use the Tracks within my scope of patient work and provide the Tracks to my patients for their personal use and treatment, and I acknowledge that I shall not at any time use the Tracks for any other purpose whatsoever, nor make the Tracks available to any other party, including other patients in my clinic unless a group license package has been purchased from G.T.E..

G.T.E. has developed and owns all right, title and interest in and to the Tracks (as may be amended from time to time), including all intellectual property rights in the Tracks and any and all related material and documentation, and I acquire no right whatsoever in the Tracks as a result of the license to use granted by G.T.E. A copyright acknowledgement, included at the beginning of each Track, is binding on any party that uses the Tracks, and I will ensure my patients are aware of the license being granted for their use of the Tracks, and will notify G.T.E. immediately if I become aware of any violation or breach of the terms of the use of the Tracks by any party.

This Agreement shall ensure to the benefit of my successors and assigns, and shall be governed by the laws of the Province of Ontario and laws of Canada, as applicable.

**DATED** at \_\_\_\_\_, Ontario, this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

**Guided Therapeutic Exercise**

**1. Name of Therapist receiving the audio file:**

[www.guidedtherapeuticexercise.com](http://www.guidedtherapeuticexercise.com)  
[guidedtherapeuticexercise@gmail.com](mailto:guidedtherapeuticexercise@gmail.com)

\_\_\_\_\_

**2. Signature:**

\_\_\_\_\_

### Change Your Brain, Change Your Pain License Agreement – Level III

As part of the course material, you will be receiving an handbook and resources that you can distribute to your patients free of charge. This tool is not meant to be the only tool that you will use in your biopsychosocial toolkit, but it gives you some tools to start developing it.

**TO:** *Carolyn Vandyken*

**RE:** **Change Your Brain, Change Your Pain Hand Book and Resources**

I, \_\_\_\_\_, hereby acknowledge and agree as follows:

CAROLYN VANDYKEN has granted me permission to use and make available to my patient's the Change Your Brain, Change Your Pain Book and Resources (collectively, "Workbook"), which may be printed or sent electronically using Adobe Send and/or WeTransfer.

The license granted is a limited, non-transferable, non-exclusive right to use the workbook within my scope of patient work and provide them to my patients for their personal use within their treatment program. I acknowledge that I shall not at any time use the workbook for any other purpose whatsoever, nor make them available to any other party, including other patients in my clinic unless a group license package has been purchased from CAROLYN VANDYKEN.

CAROLYN VANDYKEN has developed and owns all right, title and interest in and to the Workbook (as may be amended from time to time), including all intellectual property rights in the Workbook and any and all related material and documentation, and I acquire no right whatsoever in the Workbook as a result of the license to use granted by CAROLYN VANDYKEN. A copyright acknowledgement, is binding on any party that uses the Workbook, and I will ensure my patients are aware of the license being granted for their use of the Workbook, and will notify CAROLYN VANDYKEN immediately if I become aware of any violation or breach of the terms of the use of the Tracks by any party. Contact information is provided below.

This Agreement shall ensure to the benefit of my successors and assigns, and shall be governed by the laws of the Province of Ontario and laws of Canada, as applicable.

DATED at \_\_\_\_\_, Ontario, this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

**Carolyn Vandyken**

[carolyn@pelvichealthsolutions.ca](mailto:carolyn@pelvichealthsolutions.ca)

1. ***Name of clinician receiving the resources***

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2. **Signature**

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