

## Workshop on Japanese Acupuncture

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With Kiiko Matsumoto

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**September 19<sup>th</sup> and 20<sup>th</sup>, 2009**  
**Montreal, Quebec**

This clinical workshop is for acupuncturists who want to have an introduction or to improve their knowledge of Kiiko Matsumoto's methods of palpation and meridian style treatment. It is not necessary to have attended previous seminars in order to benefit from this workshop. If needed, the excellent books of Kiiko Matsumoto, [Clinical Strategies Vol.1](#) and [Clinical Strategies Vol.2](#) will help you prepare.

### **Program**

While evaluating and treating patients with a cutting edge clinical protocol, Kiiko Matsumoto will instruct us with the most recent clinical findings of the Dr. Kawai. The content will vary depending on the cases that will be treated: internal imbalance, muscle and bone pain, etc.

### **Patients are invited**

If you would like to suggest a patient (or yourself) who would like to be treated at the Workshop, please do so. You will have to send us a summary of the case no later than August 15<sup>th</sup> 2009. Please include a detailed description of the reason of consultation, list of medications and herbs, surgeries, accidents, family and personal history of the patient. Please include a written authorization from the patient. The summary, and the contact info of the patient (or yourself) can be sent by e-mail to: [emond\\_stephanie@hotmail.com](mailto:emond_stephanie@hotmail.com)

### **Schedule**

Saturday, September 19<sup>th</sup> 2009: 8:30am to 5:30pm (greeting at 8am)

Sunday, September 20<sup>th</sup> 2009: 9am to 3:30pm approximately

### **Address**

Rosemont College, "Café Show" room (corner of Beaubien and 16<sup>th</sup> Avenue)

6400, 16<sup>th</sup> Avenue

Montreal, Quebec, Canada H1X 2S9

Phone: (514) 376-1620

### **Application fee including 2 lunches**

380\$                      fee after August 1<sup>st</sup>: 410\$                      student fee: 250\$

### **Caterer**

We will use a catering service for Saturday's and Sunday's lunch.

### **For more information**

Elisabeth Lapierre (514) 376-1620 ext.141 (for the application)

Alice Granger (514) 376-1620 ext.143 (for the content of the workshop)

[emond\\_stephanie@hotmail.com](mailto:emond_stephanie@hotmail.com)

Kiiko Matsumoto's web site: [www.kiiko.com](http://www.kiiko.com)

# Application Form for Kiiko Matsumoto Workshop

**September 19th and 20th 2009**

**This application form has to be received by latest August 1<sup>st</sup> to the attention of:**

Elisabeth Lapierre,  
Acupuncture Department of Rosemont College  
6400, 16<sup>th</sup> Avenue, Montreal (Quebec), Canada H1X 2S9

First Name : _____	Last Name : _____	
Address : _____	Apt. : _____	
City : _____	Province/State: _____	
Country: _____	Zip /Postal Code: _____	
Home Phone : (_____) _____	Work Phone/Cell. : (_____) _____	
Date of birth : Day : _____	Month : _____	Year : _____
E-mail (optional): _____		

**The College issues receipts for income tax purposes. All of the information requested is required. Thank you for your collaboration.**

Please attach a check or a certified check with this form, made out to the name of Collège de Rosemont or fill out the next section for credit card payment.

<b>Credit Card payment :</b>
I authorize the payment of: _____
380\$ or 410\$ (if posted after August 1 <sup>st</sup> , 2009) or 250\$ (with a student proof)
Mastercard : _____ Visa : _____ Card number : _____
Card holder name : _____ Expiration date: _____
Signature : _____ Date : _____

<b>Cancellation :</b>
The cancellation term is very strict : cancellation has to be done in writing to Mrs. Lapierre at the address above before June August 1 <sup>st</sup> 2009. After this date, there is no reimbursement. However, if the College cancels the Workshop, the payment in total will be reimbursed.
<b>I understand and agree to the cancellation terms stating that there is no reimbursement after 1<sup>st</sup> August , 2009.</b>
<b>Signature : _____ Date : _____</b>

Please post your application form promptly. For more information regarding this Workshop, please contact Elisabeth Lapierre (514) 376-1620 ext. 141  
or by e-mail at : [emond\\_stephanie@hotmail.com](mailto:emond_stephanie@hotmail.com)