International Workshop in Ozonetherapy & Concentrated Growth Factors

Florida International University, Miami, U.S.
(Kovens Conference Center)
Friday September 7th, 2018
Organized by Aepromo, Mederi and Sedecal

With proud and pleased we announce the INTERNATIONAL OZONE-THERAPY AND GROWTH FACTORS WORKSHOP, an intensive one day workshop to learn the latest in Ozone Therapy and Growth Factors, which is going to be held at the Kovens Conference Center, at Florida International University (FIU). For the first time the host is going to be an University in U.S.A. Sponsored and organized by Aepromo, Mederi and Sedecal.

Language: English

VENUE: Florida International University, Miami, U.S.

PRICE: 500 USD, Taxes Included

SCHEDULE
7:30 am – 5:00 pm
Lunch and Coffee break included

SPEAKERS

- Dr. Adriana Schwartz, M.D., Spain
• Dr. Kevin Logan Logan. M.D., U.S.
Specialist in Internal Medicine. Expert, Ozone Therapy and Concentrated Growth Factors. Director, “Institute for Health and Wellness specialized in integrative medicine and identification and treatment of root causes of illness”. Indianapolis, IN.

• Dr. Valerie G. Davis, M.D., U.S.
Specialist in Dermatology. Expert, Ozone Therapy and Concentrated Growth Factors. Director of The Image Enhancement Center at Davis Dermatology and Dermatologic Surgery”. New Smyrna, FL.

• Dr. Michel Gossweiler, D.D.S., U.S.

• Mr. Roberto Quintero. Ph.D. Spain
Lawyer. Ph.D., Political Science. Diploma, International Relations. Legal Advisor, Aepromo (Spanish Association of Medical Professionals in Ozone Therapy), Imeof (International Medical Ozone Federation) and Isco3 (International Scientific Committee of Ozone Therapy).

SCIENTIFIC PROGRAMM

1. Basics
   1.1. Ozone Generators. Requirements.
   1.2. Legal status and legal requirements of Ozone-therapy
   1.3. Biochemical and Biological Bases of Ozone Therapy
   1.4. Basic principles in Ozone Therapy. Administration Routs.
   1.5. Ozonized Oils: its properties and uses.

2. Advanced
   2.1. Ozone and Concentrated Growth Factors in Orthopedic and Traumatology.
   2.2. Ozone in Dermatology
   2.3. Ozone in Dentistry
   2.4. Ozone in Internal Medicine

3. Demonstrations
3.1. Major and Minor Autohemotherapy. Introduction of the new “Dual Kit”
3.2. Ozonized Saline Solution. European method.
3.3. Emphysema technique (Glove Technique).

**BASIS OF THE COURSE**

The aim of the course is to give an advance of the latest in Ozone Therapy and to introduce you to the English Long Distance 270 hrs. Diploma Expert Course on Ozone Therapy, with one hands-on training face-to-face week organized by Aepromo and Isco3.

**WHAT IS INCLUDED IN THE PRICE?**

Attendance at the theoretical session and to the demonstration session. Coffee break and light lunch.

**HOW TO FORMALIZE THE BOOKING**

1) Fill out the registration form that you will find at the end of this information and send it scanned to medizeussl@gmail.com. Make a payment of 100 $ to book a place.
2) The remaining amount ($ 400) must be made before August 15, 2018 via the following ways, or pay the remaining amount at the workshop venue.

**Ways to Pay**

A. PayPal (it is not necessary to have a PayPal account, we will give you instructions on how to make this payment by credit card when you send your form to our e-mail).
B. Bank transfer: **Once the transfer is done, send the bank transfer copy scanned to medizeussl@gmail.com.**

Name of the bank: Bank of America
Address of the bank: McNab and University, 7001 N University Dr Tamarac, Fl 33321, tel. 954 722 0200
Name of the account: Mederi Innovations, Corp
Account number: 2290 5594 6767
ACH routing number: 063100277

**For any questions or doubts feel free to contact us:** Cell phones: (+34) 669 685 429; (34) 689200099. **E-mail:** medizeussl@gmail.com
APPLICATION FORM

Fill it out, scan it and send it to medizeussl@gmail.com

Name and surname:______________________________________________

Address:_____________________________________________________________________

City________________________Country______________________________

Area Code____________________Phone (s)__________________________

Cell____________________E-mail_____________________________________

Profession___________________________________________

Specialty_____________________________________________________

Signature:_________________________Date:_____/_____/______