

Migraine Miracle® Workshop **Saturday, September 25, 2010**

About the Workshop:

Migraine Miracle® was developed by nationally renowned educator, Kelly Lott. This unique and very effective protocol includes the application of cold marble shaped beautifully to fit the face, aromatherapy blends accommodating the four prime causes for migraines, and acupuncture techniques.

Students will learn about the many types of migraines as well as how to perform this innovative therapy. While it has been designed particularly for migraine headaches, you will find that clients suffering from chronic sinus and muscle tension headaches will also benefit greatly.

Cost: \$125 (*if postmarked by September 22, 2010*)
\$135 at the door

Migraine Miracle® is approved for continuing education credits both in Texas and for National Certification. You will receive six credits for this workshop.

About the Instructor:

Mary Beth Packard, LMT, CNMT, MTI has been teaching massage therapy modalities for over ten years. She is a representative for Migraine Miracle® and owns On-Site Associates massage therapy located in Fort Worth, Texas, is a certified neuromuscular therapist, and has been practicing massage since 1989.

What to Bring:

- Massage table and bolster
- 1 set of sheets
- 4 bath towels
- 2 hand towels
- 3 wash cloths (dark colored)
- 1 metal bowl (at least 3 quart size)
- 1 blanket
- 1 hefty trash bag

Location:

Workshop will be held in Fort Worth. You will receive exact location, along with directions in your confirmation letter (or by phone for later registrants). All classes begin promptly at 9:00 a.m. and end at 4:00 p.m. Please arrive at least 15 minutes early. There are many places nearby for lunch but you are also welcome to bring lunch and remain at the site.

Please print the registration form on the next page, complete, and mail to:

Mary Beth Packard
101 Summit Ave., Ste. 114
Ft. Worth, TX 76102

REGISTRATION FORM
Migraine Miracle® Workshop
September 25, 2010

Name: (as it should appear on certificate) _____

Address (C/S/Zip): _____

Phone: _____ Email Address: _____

Method of Payment:

\$125 if postmarked by 9/22/10; \$135 at the door

(Cash or Credit Card only, accepted for those paying at the door)

Check Amex Discover Visa MasterCard

(Complete for cc purchases only)

Card # _____ Expiration Date _____

Address bill goes to: _____

Name as it appears on card: _____

Signature

Thank you!