



# Comprehensive Practical Laser and Light Source Training

Presented by Medical Laser Dynamics, Inc.

### Program Schedule: Day 1

- Saturday 8 a.m. - 5 p.m.
- 8:00 - 8:30 Registration and Overview
- 8:30 - 9:00 Introductions
- 9:00 - 10:00 History of Light Theory on Tissue
- 10:00 - 10:30 Break
- 10:30 - 11:30 How Light is Controlled in Clinical Applications
- 11:30 - 12:00 Laser vs. Intense Light
- 12:00 - 12:45 Lunch
- 12:45 - 1:00 Safety with the Devices
- 1:00 - 2:00 Theory to Application
- 2:00 - 2:45 How to Accomplish Tasks Safely
- 2:45 - 3:00 Break
- 3:00 - 4:00 Question and Answer
- 4:00 - 5:00 Case Review and Recommendation
- 5:00 Adjournment

### Program Schedule: Day 2

- Sunday 8 a.m. - 5 p.m.
- 8:00 - 8:15 Recap Day 1
- 8:15 - 9:00 Laser Regulations: National and State
- 9:00 - 9:30 Operating a Successful Laser Practice
- 9:30 - 10:00 Recurring Training Requirements
- 10:00 - 10:30 Break
- 10:30 - 1:00 Aesthetic Procedures
- 1:00 - 1:30 Testing and Review
- 1:30 - 5:00 Hands-On Use of Lasers (\*)
- 5:00 Adjournment

(\*) = (Devices available depend on sponsor)

A course booklet containing all presentation material will be provided to each attendee for future reference. All two day courses qualify for 12 hours of Category I Continuing Educational Credits. Courses are limited to 20 attendees.

### 1. REGISTRANT INFORMATION

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

Billing Address (if different)

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**COURSE LOCATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### 2. TUITION

\$1,695 per Physician / Nurse, Tech. .... \$ \_\_\_\_\_

\$200 for 12 Hours of Category I CME's..... \$ \_\_\_\_\_

TOTAL ..... \$ \_\_\_\_\_

Please bill my credit card:  Visa  Discover  American Express  Mastercard

CC# |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Customer Signature \_\_\_\_\_

CC Exp: \_\_\_\_\_

**Medical Laser Dynamics, Inc. Course Fax Form**

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(972)317-8478**