## Tinnitus Retraining Therapy (TRT) Course with Professors Pawel and Margaret Jastreboff

Learn the theory of The Neurophysiological Model of Tinnitus and how to apply it practically to TRT.



Presented



Professors Pawel and Margaret Jastreboff; Jastreboff Hearing Disorders Foundation

We are pleased to welcome **Professors Pawel and Margaret Jastreboff, founders and originators of TRT**, to Vancouver for a 3-day intensive training course. You will leave with the knowledge on how to treat tinnitus and hyperacusis patients.

## Venue:

Royal Vancouver Yacht Club 3811 Point Grey Rd, Vancouver, BC V6R 1B3



Dates:	Thursday, September 27, 2018 to Saturday, September 29, 2018	
Cost:	\$3250 CAD plus tax (Includes lunch)	
<b>Optional Dinner with Professors Pawel and Margaret Jastreboff:</b> \$75 CAD plus tax		
	Friday, September 28th after class; plus-ones welcome	
Event Host:	Carol Lau of Sound idEARS Inc. T: (604) 708 - 9780 or E: Carol@soundidears.com	
Registration deadline: September 7th, 2018		

Recommended accomodations include the Corkscrew Inn, and nearby AirBNB, found around the "Jericho Beach" area. Attendance is strictly limited to 24 participants which will allow for a comprehensive, intense and personal learning experience. Participants will be accepted on a first come, first serve basis. Check registration availability at soundidears.com/events

## **Tinnitus Retraining Therapy Course Registration**

Learn the theory of The Neurophysiological Model of Tinnitus

and how to apply it practically to TRT.

Contact Address: Home [ ] or Work [ ]	Last Name:	First Name:
Country: Postal Code/ZIP:	Contact Address: Home [ ] or Work [ ]	
Phone:	City:	Prov/State:
Profession:	Country:	Postal Code/ZIP:
TRT Workshop       \$3250         Optional Friday Dinner       × \$75	Phone: Em	ail:
Optional Friday Dinner	Profession:	CSHHP Registration Number:
	TRT Workshop	\$3250
Total Costs       =	Optional Friday Dinner	x \$75
Payments by credit card or cheque. Refunds are subject to a \$25 processing fee. No refunds will be issued after September 16th. Credit Card Type: [] Mastercard [] Visa Name on Credit Card:		5% GST
Credit Card Type: [] Mastercard [] Visa         Name on Credit Card:         Credit Card Number:         Expiry Date: mm/yy         Phone number:         I,, hereby authorize Sound idEARS inc. to bill my credit         card for the amount noted above.         Signature       Date         For credit card payments, please fax this form back to (604) 708-9785         Please make cheques payable to Sound idEARS inc., Suite 304 - 650 West 41st Ave, Oakridge Centre South Tower, Vancouver, BC, V52 2M9 enclosing this registration form.         Please direct any queries to carol@soundidears.com. or call (604) 708 - 9780. Check registration availability at soundidears.com/events         Resource         "ama Conditions.         Please direct any queries to carol@soundidears.com. or call (604) 708 - 9780. Check registration availability at soundidears.com/events         Prome Numere         "ama Conditions.         Please direct any queries to carol@soundidears.com. or call (604) 708 - 9780. Check registration availability at soundidears.com/events         Participant" advolumese.         "ama Conditions.         Protect any queries to carol@soundidears.com. or call (604) 708 - 9780. Check registration availability at soundidears.com/events         Please direct any queries to carol@soundidears.com or call (604) 708 - 9780. Check registration availability at soundidears.com/events         "Tottow.         "Please		Total Costs =CAD
Name on Credit Card:         Credit Card Number:         Expiry Date: mm/yy         Phone number:	Payments by credit card or cheque. Refunds are subject to	a \$25 processing fee. No refunds will be issued after September 16th.
Credit Card Number:	Credit Card Type: [ ] Mastercard	[] Visa
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card for the amount noted above.  Signature	Phone number:	
card for the amount noted above.  Signature	I,	, hereby authorize Sound idEARS inc. to bill my credit
For credit card payments, please fax this form back to (604) 708-9785 Please make cheques payable to Sound idEARS inc., Suite 304 - 650 West 41st Ave, Oakridge Centre South Tower, Vancouver, BC, V5Z 2M9 enclosing this registration form. Please direct any queries to carol@soundidears.com. or call (604) 708 - 9780. Check registration availability at soundidears.com/events E&OE "Terms and Conditions. Released Persons. In this Registration and Agreement, the Released Persons means Sound idEARS inc. and/or Jastreboff Hearing Disorders Foundation, Inc. jointly and severally, and their elected officials, officers, employees, contractors, agents, and volunteers. Pre-Condition to Participation. The person submitting this Registration (the "Participant") acknowledges that his or her participation in the Event is conditional on the Participant providing this Registration and Agreement to Sound idEARS inc. or the person(s) designated by Sound idEARS inc. to collect signed Registration and Agreement from participations.		
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action or proceedings taken against the Participant as a result of any recommendations, counselling, or other service(s) or procedure(s) that the Participant may subsequently recommend, offer, or provide to any and all of the Participant's past, current, and/or future patients/clients. The waiver and release granted to the Released Persons in this Registration and Agreement includes the part of any claim that the Participant makes against a third party to the extent the third party has the legal right to obtain contribution or indemnity from the Released Persons for that part of the claim. Indemnity. The Participant will indemnify the Released Persons from all claims and legal actions made or threatened against the Released Persons and all liabilities, expenses (including legal fees) and damag that any of the Released Persons incur or suffer as a result of the Participant's willful misconduct or negligence in his or her employment or use of any procedures, techniques, or approaches learned or taug at the Event. The Participant acknowledges the Released Persons may appoint their own legal counsel to defend any such claim or threatened claim and the costs of legal counsel will be the responsibility of the Participant. Meals/allergies/dietary requests. Participants with special dietary restrictions/needs must submit their requests for any dietary accommodations prior to September 8, 2018. While the Released Persons a	and Agreement to Sound idEARS inc., and Sound idEARS inc. does not consent to or appro Sound idEARS inc. or the person(s) designated by Sound idEARS inc. to collect signed Regi Waiver and Release of Liability. The Participant waives and releases each of the Released f action or proceedings taken against the Participant as a result of any recommendations, cc any and all of the Participant's past, current, and/or future patients/clients. The waiver an Participant makes against a third party to the extent the third party has the legal right to o Indemnity. The Participant will indemnify the Released Persons from all claims and legal ac that any of the Released Persons incur or suffer as a result of the Participant's willful misce at the Event. The Participant acknowledges the Released Persons may appoint their own t the Participant.	ove of any person participating in the Event unless he or she first signs and delivers this Registration and Agreement to istration and Agreement from participants. Persons from any claims with respect to any injury from any peril by participating in this Event and, furthermore, any ounselling, or other service(s) or procedure(s) that the Participant may subsequently recommend, offer, or provide to di release granted to the Released Persons in this Registration and Agreement includes the part of any claim that the potation contribution or indemnity from the Released Persons for that part of the claim. ctions made or threatened against the Released Persons and all liabilities, expenses (including legal fees) and damages onduct or negligence in his or her employment or use of any procedures, techniques, or approaches learned or taught legal counsel to defend any such claim or threatened claim and the costs of legal counsel will be the responsibility of

Meals/allergies/diletary requests. Participants with special diletary restrictions/needs must submit their requests for any dietary accommodations prior to September 8, 2018. While the Released Persons and/ or the facilities host will strive to use reasonable efforts and/or coordination efforts in food sourcing, preparation and handling procedures to avoid the introduction of the named allergens into menu choices and/or provide participants with dietary alternatives, the Released Persons and/or the facilities host is/are unable to guarantee that any menu item is completely free of allergens and/or unil completely meet the participants' dietary restrictions and/or request(s). Should you, as a participant, have any concerns about your dietary requests being met or accommodated, you must bring your concerns to the attention of the Event Sponsor and/or the facilities host immediately. Allergen advisory statements (e.g., "may contain") are not regulated and therefore are not taken into consideration when developing allergy-friendly and/or any other specific-consideration meals. It is ultimately up to your discretion to make an informed choice based upon your individual dietary restrictions, needs and/or requirements.