

Touch for Health I & II

Bonnie Hershey, M.Ed., Instructor

Learn hands on techniques that immediately reduce pain and tension, improve posture, energy and well being. We will test and balance 14 muscles and their associated meridians, using five different techniques. Touch for Health I also includes Chinese 5 Element System, Emotional Stress Release and much more.

Touch for Health is based on the innovative wellness system known as Applied Kinesiology - a brilliant synthesis of Chinese medicine and non-invasive techniques developed by American medical doctors, osteopaths and chiropractors. *Touch for Health* makes Applied Kinesiology available to lay persons and has been effectively used by nurses, massage therapists, body workers, nutritionists, athletes, dancers and others to enhance their practices.

Please note: We offer CEU's for body workers, aerobics instructors and physical trainers and contact hours for nurses.

Bonnie Hershey, M.Ed., has taught physical education at the junior high and middle school levels for 25 years. Her interest in both movement and body work brought her to her first Brain Gym class in 1990, quickly followed by her first Touch For Health class. Bonnie is a certified instructor of Touch For Health and the co-founder and co-director of *The Kinesiology Connection*.

Dates: **TFH I:** Saturday & Sunday, March 20-21, 2010 • 9am - 5pm
TFH II: Saturday & Sunday, May 15-16, 2010 • 9am - 5pm

Location: *The Kinesiology Connection*
594 Marrett Road #20
Lexington, MA 02421
781-674-0044 • fax 781-674-3156 • kinesconn@aol.com

Fee: \$300 • \$275 with registration 4 weeks in advance.
\$150 repeat fee

Please register me for: _____ Touch for Health I: March 20-21 _____ Touch for Health II: May 15-16

Fee: \$300. **Early registration** \$275 4 weeks in advance. **Repeat fee:** \$150.

A nonrefundable \$100 deposit is required for registration. Payment may be made by check or credit card.

Please make checks payable to ***The Kinesiology Connection***. Send registration form and fee to:

***The Kinesiology Connection* • 594 Marrett Road #20 • Lexington, MA 02421**

Payment method: Check _____ MC/VISA _____ Amount Enclosed _____

NAME: _____ **PHONE (h)** _____

ADDRESS: _____ **Email:** _____

CITY / STATE / ZIP CODE _____

Credit Card Information: Name on Card _____ Please send me hotel info _____

Signature _____ **Card #** _____ **Exp. Date** _____