



Functional Taping Methods of Common Soft Tissue Injuries

Upcoming Courses:

Saturday, July 30th

8am – 4pm

Course Description:

This LLR approved 8 CE functional kinesiology taping course is a hands on course designed to instruct participants on the proper utilization of functional taping products (i.e. Kinesio Tape, Rock Tape, KT Tape, etc.) to facilitate the body's natural healing process while allowing stability and support to muscles and joints without the restriction of the body's range of motion.

Course Tuition & Registration:

Tuition: \$250.00 per person with pre-registration (\$350.00 at door if space remaining)

Group tuition \$200.00 (to qualify, 3 or more registrations must be submitted together with list of all names)

- Register: 1) By E-mail: Complete registration form below and e-mail to elitehealthsc@gmail.com
2) By phone: Register with Visa, MasterCard, or Discover by calling 843-654-9330
3) By mail: Complete registration form and mail to Elite Health Solutions address below
4) By fax: Complete registration form with credit card information to 843-654-9435

Course Location and Instructor:



Inside of Elite Health Solutions
2191 N Hwy 17. STE A
Mount Pleasant, SC 29466
with
Dr. Nathan Karpinsky

Dr. Nathan Karpinsky graduated the Valedictorian of his graduating class from National University of Health Sciences in Lombard, Illinois. Upon graduating, Dr. Karpinsky received The Joseph Janse Outstanding Graduate Award which is given to students for outstanding contributions to National University. He has been a certified Kinesio Tape practitioner since 2012.

Registration Form:

Please Print:

Name: _____ Profession: _____

Home Address: _____ Professional License #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

(Needed for Confirmation and Receipt)

Please enclose full payment with the registration form. Please check method of payment.

_____ Check for \$ _____ (make payable to Elite Health Solutions)

_____ Credit card charge for \$ _____ to my _____ Visa _____ MasterCard _____ Discover

Card Number: _____ Exp. Date: _____ CVW: _____

Billing Name: _____ Address: _____ City: _____ State: _____ Zip: _____

(If different from above)

Signature: _____