



## Introduction to NETWORK Injection-Lipolysis Therapy

**One Day Workshop**  
**9.00 a.m. - 6.00 p.m.**

**Frankfurt, 20<sup>th</sup> March 2010**

### Venue

**t.b.a.**

Frankfurt/Main, GERMANY  
(subject to alterations and amendments)

### German Workshop-Secretary:

Uwe Muechler  
Phone: +49 – 25 06 – 30 61 922  
[muechler@network-lipolysis.com](mailto:muechler@network-lipolysis.com)

**Organizer:** NETWORK-Globalhealth • **Executive Agency:** lichtblick GmbH

### Chairmanship

**MR Franz Hasenschwandtner, MD, Austria**  
Medical and Scientific Director, NETWORK-Lipolysis  
President of ISL - International Society of Lipolysistherapy  
President of ASIL - Austrian Society for Injection Lipolysis

### NETWORK Representative

**Ulrich Bunzek, Germany**  
Co-Founder and Speaker of  
NETWORK-Lipolysis & NETWORK-Globalhealth

### Conditions Of Participation

Licensed physicians & their RN's.

[www.network-lipolysis.com](http://www.network-lipolysis.com)

### Register Now!

The course is limited to approx. 15 physicians

### Agenda

**8.30 a.m.**  
**Registration**

**9.00 a.m. - 9.30 a.m.**

#### **Words of Welcome**

Introduction to the Work of  
NETWORK-Lipolysis to  
NETWORK-Globalhealth

**9.30 a.m. - 11.00 a.m.**

#### **Theory of Injection-Lipolysis 1**

Scientific Background & History of Lipolysis  
Therapy

The NETWORK Therapy vs other Therapies  
The Advantage of NETWORK PC/DC compound  
Usefull Tools & Therapy Combinations  
with subsequent discussion

#### **Coffee Break**

**11.15 a.m. – 1.00 p.m.**

#### **Theory of Injection-Lipolysis 2**

Contraindications and Sideeffects  
How to Handle Complications  
Pre-Selection of Patients;  
Patientinformation and -history  
Treatment Regions with Dosages and Techniques  
Before/After Pictures  
with subsequent discussion

#### **Lunch**

**2.00 p.m. - 2.45 p.m.**

#### **NETWORK membership**

Benefits and options  
by NETWORK-Lipolysis membership

**2.45 p.m. – 5.30 p.m.**

#### **Practice of Injection-Lipolysis**

Demonstration of Therapy and Treatment with  
approx. 5 Volunteers

#### **Words of Good-Bye and hand over of certificates**

NETWORK-Globalhealth



### Certification

NETWORK-Lipolysis training certification and NETWORK-Globalhealth member certification.  
ISL – International Society of Lipolysistherapy - member certification.



# WORKSHOP- & MEMBERSHIP REGISTRATION - NETWORK-Lipolysis

Worldwide Physicians' Network for Lipolysis and Aesthetic Medicine

Please fill out, sign and fax to: **+49 – (0)25 06 – 30 61 909**

Please enrol me in the workshop "Introduction to the Injection-Lipolysis Therapy of NETWORK-Lipolysis".

The workshop fee for licensed physicians is **1.980 EUR\* including the first-year-free\*\* NETWORK membership.**

There is an **early registration discount of 180 EUR** if registration & payment are received until 6 weeks before the workshop.

Program Dates:  **Frankfurt, GER – 20 March 2010 (English)**

Name, Title \_\_\_\_\_ Speciality: \_\_\_\_\_

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

Work Address \_\_\_\_\_ Fax \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Cancellation Policy

The registration shall be binding. Full Refunds will be granted until 60 days before workshop date. An administration fee of 200 EUR is to be retained or additionally charged by recession until 30 days before workshop date. NO refunds will be given after that date. A comparable workshop can be attended in replacement. Cancellations need to be in written form. The organiser reserves the right to cancel or alter the date and place, content and timing of the program or the identity of the speakers. If the meeting is cancelled by the organiser, the registration fee will be refunded by bank transfer within 2 working days. Registration is confirmed only, when submitted with full payment. Cancellation due to force majeure or other unforeseeable circumstances (accident, adverse weather, fire, flood, war, hostilities, industrial action etc.) will not lead to a claim for indemnity. In these cases a payback of the workshop fee is excluded. A comparable workshop can be attended in replacement.

### Nondisclosure Clause

I hereby acknowledge and accept that all information disclosed during a workshop organized by NETWORK-Lipolysis and all information offered on other ways by NETWORK-Lipolysis, are the (intellectual) property of NETWORK-Lipolysis.

I agree to use the information about the NETWORK therapy for patients in my doctor's office only. I am not allowed to disclose the information received during a workshop towards other physicians, nurses, health practitioners or other medical staff with or without charge (in terms of a multiplication), except for my own medical staff (except physicians) working in my doctor's office, as certified by the NETWORK-Lipolysis, always provided that this is necessary for smooth treatment procedures in my doctor's office.

I am aware of the fact that any infringement of this undertaking will result in my immediate exclusion from NETWORK-Lipolysis without any further notice. In such a case, member contributions already paid by me shall not be refunded.

Furthermore, NETWORK-Lipolysis reserves the right to assert claims for economic damages, if any. These provisions are to protect the members of NETWORK-Lipolysis. Sound, picture, film and video recordings during the event are not allowed.

I hereby warrant and represent that I am a licensed physician.

Acceptance of the enrolment shall be subject to the remittance of the workshop fee. The invoice will be forwarded to you immediately upon our receipt of this completed form. Participation can only be granted after remitting the invoice amount within the specified time. Payment: credit card or wire transfer.

Payment Method:  **Credit Card (+2% cost sharing)**  **Wire Transfer**

**NOTE:** I am aware that the 1st year's free NETWORK membership automatically renews unless written cancellation is received 1 month prior to renewal date (Workshop date). Membership fees: 2nd year EUR 500, 3rd year EUR 400, the 4th year on EUR 300, plus German VAT (19%).

By signing this registration form I confirm that my enrolment is binding and that I have read and understood the above including cancellation and refund policy; nondisclosure clause and automatic membership renewal and agree to the contents.



Date

Signature

\* The Workshop fee contains VAT and includes workshop documents, coffee break and lunch

\*\* First-year-free membership renews automatically when not cancelled in written form one month prior to renewal date.

### Credit card payment

You have the possibility to pay amount of invoice by credit card

- Most credit card institutions set a maximum amount which can be debited. Please verify your credit card limit by your institution/bank in advance to ensure a smooth transaction process.
- Some banks will add-on a bank handling charge for all foreign country and foreign currency transactions. Please check with your individual credit card bank to confirm what charges may apply.

To debit we need your informed consent and the following details:

Mastercard     Visacard     American Express

Name on Card: \_\_\_\_\_

Card# \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ Security Code: \_\_\_\_\_

(Visa-/Mastercard: last 3 digits on the cards reverse side or Amex: 4 digits above the card no. on the front side)

Acknowledged amount to debit:  € \_\_\_\_\_

### Invoice Address

Name/Practice: \_\_\_\_\_

Street, No.: \_\_\_\_\_

City / ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

Cost for negative booking operations are for the customers' account.

I hereby authorize NETWORK-Lipolysis / Lichtblick GmbH, Germany to debit the amount noted above from my credit card account.

Date \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

### Wire Transfer / European Bank Transfer:

**Account holder:** Lichtblick GmbH (Executive Agency of NETWORK-Lipolysis)

Eschstr. 4, 48167 Münster, Germany

Phone: +49 (0)25 06 / 3061-900

**Account No.:** 125 120 83

**IBAN No.:** DE54 4015 4530 0012 5120 83

**Intern. TaxID:** DE 153623025

**Bank:** Sparkasse Westmünsterland

Graf-Wedel-Str. 1, 59348 Lüdinghausen, Germany

Phone: +49 (0)25 91 / 998-0

**Sort Code:** 401 545 30

**BIC /SWIFT:** WELADE 3W