

The Complex Chronic Disease Epidemic

Presented by

Dr. William Kleber, DC, DABCI

WORKSHOP TOPICS

- The dysfunctional gastrointestinal tract and its' pathogens. Explore new insights into leaky gut and autoimmune disease
- Learn how particle size testing of HDL and LDL is an accurate method of testing your patient's cardiovascular risk
- Understand how chronic low grade infections stimulate immune dysfunction, inflammation and autoimmune disease
- Link the causes of "Mental Disease" as a form of chronic disease – connect the dots of GI, inflammation and aberrant immune responses
- Create patient communication tools that link modern day lifestyles habits to chronic disease processes
- Evaluating bacterial imbalances that include intestinal flora, proper digestion and various intestinal pathologies
- Broaden your understanding of neoplasm through epigenetic factors

Dr. Kleber's current affiliations include national speaker for Biotics Research Corporation and the co-coordinator and instructor for the Diplomate of the American Board of Chiropractic Internists (DABCI) national program.



Dr. William Kleber is a graduate of New York Chiropractic College (Doctor of Chiropractic, 1981) and received certification as a DABCI in 2000.

REGISTER TODAY!

Saturday July 22, 2017

9:00 am – 5:00 pm

**The Westin Los Angeles Airport
5400 West Century Blvd. Los Angeles, CA 90045
(310) 417-4552**

SEMINAR COST

Health Care Professional \$159 **Promotional price \$99**

Assistant/Student \$99 **Promotional price \$49**

CANCELATION POLICY

A \$35 cancellation fee will be charged for all cancellations. No refunds for cancellations made within 72 hrs prior to event. No shows will forfeit any money paid

LICENSE RENEWAL

7 hrs California DC CE credits approved (**\$35 Additional fee**)

DC CE Credits sponsored by Logan College of Chiropractic

7 hrs California Acupuncture CE approved (**\$35 Additional fee**)

CA Acupuncture Board (CEP 943)

To Register or For More Information Call or E-mail

Call (888) 313-9888 or Fax (760) 407-8208 or enrollme@bioticssc.com



NAME: _____ DEGREE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

VISA MASTER CARD AMEX DISCOVER CARD # _____ EXP: _____

NAME ON CARD: _____ SIGNATURE: _____ DATE: _____

(Please make checks payable to: Biotics Research SoCal)