Richmond’s Original Seasonal Detox

Each year as Autumn comes the temperatures drop, the days grow shorter and leaves of trees transform into spectacular new color combinations. All around us nature’s energy is pulled inward, descending deep into the roots of the earth. We notice the changes outside, but do we notice our own energy descending deep within us for warmth and conservation? Like the trees, our bodies pull our vital energy (Qi) deep within us.

Created by Keith Bell, LAc, and Josh Sessions this workshop began in Richmond. Safe & easy-to-follow, this detox is designed to meet your body’s changing needs during the autumn & winter months. During this cleanse we’ll enjoy well cooked meals that are easy to digest and help the body conserve energy and stay warm. We’ll enjoy whole grains and root vegetables that help purifying your organs, improving their function. And we’ll use foods with naturally pungent and salty flavors, since these naturally assist the organs we’re focused on.

Unlike boxed programs, our detox lets you enjoy the bounty of the season while thoroughly nourishing your body. Each week you’ll receive a detailed food plan, helpful recipes, great snack options, activities and inspiration. You’ll experience a wondrous variety of flavors, colors, energetic properties in foods that provide high quality and essential nutrients. Plus, you’ll find support and encouragement in our group sessions.

We invite you to be a part of this rewarding experience. Come, get healthy & make new friends. You’ll be amazed at how good

**THURSDAY NIGHTS**

**October 2, 2014** 6:30 - 8:00pm
**October 9 - 30, 2014**  ~ 6:30 - 7:30pm
5700 W. Grace St. Ste. 106, Richmond, VA 23226

*Pre-registration is required. Registration ends September 29, 2014*

Plus - New Morning & Corporate Classes Available.

See Catherine for more info!
2014 Fall Detox Registration
One Person per Registration Form

Participant Information

- Mr
- Mrs
- Ms
- Dr
- Last name
- First
- M.I.
- Single
- Married
- Widowed
- Divorced
- Cohabitating

- Street address
- City
- State
- ZIP Code

- Email
- Home phone
- Mobile phone
- Other phone

- Highest Level of Education:
- Occupation:
- Birth date:

- How did you hear about this workshop? □ Family □ Friend □ Mail □ Email □ Website □ Print Ad □ Other

Workshop Policies

**Punctuality:** We respect your time & work very hard to start and finish each workshop on schedule. Please help us by arriving a few minutes before the scheduled start of your workshop. If you must arrive late or leave early, please enter calmly & quietly so the workshop can continue uninterrupted. But please note, if you are more than 15 minutes late, you may not be admitted to the workshop.

**Cell Phones:** Please turn off your cell phone prior to the start of the workshop & leave it in the off position during the workshop. Please do not text or email during the workshop, as this is highly distracting & disruptive to others.

**Mutual Respect:** During discussions, please wait for the instructor(s) to acknowledge you before speaking. Remember to speak only from your personal experience, using “I” statements. Limit your questions and/or comments so that others may have an opportunity to share. If you’d like more personal attention, one-on-one consultations with the instructors may be available, but should be scheduled after the workshop and are not included in the workshop cost.

**Confidentiality:** We respect each person's right to privacy. Any information a participant shares during the workshop is considered confidential and is to be treated as confidential by the instructors and all participants.

**Refunds:** Refunds must be requested in writing and will be provided for requests received 5 business days prior to the beginning of the workshop, minus a $25 processing fee. No refunds will be provided once the workshop has begun.

Workshop Participation Agreement

I have read, understand and agree to follow the Workshop Policies. I understand that this workshop is intended to be educational. I understand that neither, Oriental Medicine Specialists, P.C. or the workshop instructor(s), shall be liable in any manner whatsoever for any decisions or changes in lifestyle, practices or plans, or otherwise, I make, now or in the future, based on my decision to use or rely on any information provided. I understand that this workshop is not meant to replace regular medical exams or treatment provided by a licensed physician or to diagnosis or treat any medical condition. I understand that I should consult my primary health-care provider prior to beginning any new dietary program; new exercise program; and/or new treatment for any medical condition. I understand that it is my responsibility to inform the instructors of this workshop of any medical conditions I have and/or treatments I am receiving prior to beginning the workshop. I understand that it is my responsibility to inform the instructors of any new medical conditions and/or treatments I develop or begin once the workshop has begun. I understand that it is my responsibility to immediately inform the instructors of any adverse reactions I experience during the workshop.

Signature __________________________ Date ________________

Cost & Payment Information

**2014 Fall Detox Workshop Fee $155**
Registration and full payment must be received by Sept. 29, 2014. Registration and payment can be submitted by:
- mail: OMS, 5700 W. Grace St. Ste, 106, Richmond, VA 23226
- Email: info@omspc.com
- fax: 804-358-7073
- phone: 804-358-7071

All refund requests must be received by Sept. 29, 2014. No request received after this date will be honored.

- Payment Method
- Check
- Discover
- MasterCard
- Visa

- Name on Card

- Credit Card #

- Exp. Date

- Security Code

I authorize the fees listed to be charged to my account.

Signature __________________________ Date ________________

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