AUSTRALIAN MEDICAL PHOTOBIOMODULATION ASSOCIATION

Photobiomodulation Therapy

Practical – Headaches, Parkinson's Disease (& Neurological Disease) & Knees

Theory – Safety; Eyes and Mechanisms

Saturday 7th and Sunday 8th March 2020

Venue: Amora Hotel
11 Jamison St, Sydney NSW 2000

DRAFT PROGRAM

SATURDAY 7TH MARCH – HART ROOM

Time	Speaker	Topic
8.00 – 8.30AM Registration (30 mins)		
8.30 – 9.15	Prof. Michael Hamblin	Musculoskeletal Pain, Pre-conditioning and Sports
9.15 – 10.00	Dr. Ann Liebert & Prof. Liisa Laakso	Masterclass: Headaches, Migraines and Neck Pain – How We Can Use PBMt
10.00 – 10.45	Dr. Ann Liebert & Sharon Tilley	PBMt and Parkinson's Disease (Brisbane, Sydney, Adelaide Trials): Preliminary Results and Implications for Treatment
10.45 – 11.15AM Morning Tea (30 mins)		
11.15 – 12.00	Sharon Tilley	The use of PBMt in the Management of Limb, Head and Neck Lymphoedema
12.00 – 12.45	Dr Roberta Chow	Laser Acupuncture vs. Laser Therapy at ICMART
12.45 – 1.30	Dr Roberta Chow	Masterclass: Knee Osteoarthritis – Looking at the Evidence and How to Apply from a Practical Point of View
1.30 – 2.30PM Lunch (60 mins)		
2.30 – 4.00	Prof. Liisa Laakso, Dr. Roberta Chow & Dr. Ann Liebert	Introduction to PBMt and Safety
4.00 – 4.30PM Afternoon Tea (30 mins)		
4.30 – 5.30	Prof. Liisa Laakso, Dr. Roberta Chow & Dr. Ann Liebert	Laser Safety Course
5.30 – 6.15	Multiple Choice Exam	Laser Safety Course

DRAFT PROGRAM

SUNDAY 8TH MARCH – WHITELEY ROOM II

Time	Speaker	Topic
8.30 – 9.00AM Registration (30 mins)		
9.00 – 10.00	Prof. Krisztina Valter	PBMt in Retinal Degeneration and Disease
10.00 – 11.00	Prof. Michael Hamblin	New Approach to the Opioid Crisis
11.00 – 11.30AM Morning Tea (30 mins)		
11.30 – 11.45	Prof. Michael Hamblin	PBMt for Oral Mucositis the United States: Historical and Current Perspective
11.45 – 12.30	Prof. Liisa Laakso & Dr. Rohan Vora	Oral Mucositis: Initiating this Service in an Acute Hospital Setting
12.30 – 1.15	Dr. Joseph Ryan, Dr. Ann Liebert & Dr. Roberta Chow	PBMt for Oral Mucositis in Melbourne Children's Hospital and Sydney Hospitals: Historical and Current Perspective
1.15 – 2.15PM Lunch (60 mins)		
2.15 – 2.45	Prof. Michael Hamblin	PBMt for Intractable Diseases
2.45 – 3.15	Dr. Ann Liebert & Dr. Brian Bicknell	PBMt and Abdominal Symptoms – Case Studies
3.15 – 3.45PM Afternoon Tea (30 mins)		
3.45 – 4.30	Prof. Michael Hamblin, Prof. Liisa Laakso, Dr. Roberta Chow & Dr. Ann Liebert	Q&A Panel

Registration Fees:

Treatment of Neurological Diseases (Saturday 8:30am-1:30pm):

$200 for AMPA members; $450 for non-members

Laser Safety Course (Saturday 2:30pm-6:15pm):

$200 for AMPA members; $450 for non-members

Sunday conference (9am-4:30pm):

$350 for AMPA members; $750 for non-members

** Membership forms are provided below for those who wish to join and pay the AMPA member rate. Please note that membership payment has to be made before you can enjoy the discounted member rate. Non-members joining AMPA for the first time and registering for the conference will receive a 50% reduction off membership rates.*

PBMt Practical: Headaches, Parkinson's (& Neurological Disease) & Knees
PBMt Theory: Safety; Eyes and Mechanisms

Saturday 7 & 8 March 2020

Title | First name | Surname

Organisation/Company name | Occupation

Work phone | Mobile phone | Email address

Address

City | Country/Region | Postcode

Registration (please tick)

Form must be completed and submitted by Friday 21 February 2020

- ☐ Saturday - AMPA member $200
- ☐ Laser Safety Course - AMPA member $200
- ☐ Sunday - AMPA member $350
- ☐ Saturday – non-member $450
- ☐ Laser Safety Course – non-member $450
- ☐ Sunday – non-member $750

Payment (please tick):

☐ Bank transfer (preferred):

Account Name – AMPA

BSB – 082 309

Account No. – 53 456 6252

Transfer date: ____/____/_____

☐ Credit card (Visa or Mastercard only):

Card number

Name | Expiry | CVV

Dietary Requirements: _____

Full payment must be made before the event starts. Please return completed registration forms to natalie.amla@outlook.com by **Friday 21 February 2020**.

AMPA acknowledges and respects your privacy. The information you provide on this form is collected for the purpose of processing your registration. We will use the information to keep you informed about our products, services, offers and upcoming events and to improve services to you. We will also provide information about you to the sponsors of the event for the purpose of providing you with direct marketing offers which we think may be of interest to you. If you do not consent to this disclosure of information about you or if you do not want to receive information about other AMPA educational seminars please email natalie.amla@outlook.com.

AUSTRALIAN MEDICAL PHOTOBIOMODULATION ASSOCIATION

ABN: 89 140 250 623

AUSTRALIAN MEDICAL PHOTOBIOMODULATION ASSOCIATION, INC.

Email for all correspondence: natalie.amla@outlook.com

MEMBERSHIP APPLICATION FORM

APPLICANT DETAILS

Title: _____ Surname: _____

Preferred First Name: _____

Email Address: _____

Preferred Phone: _____ Contact Fax: _____

Postal Address: _____ State: _____ Post Code: _____

Profession: _____

Qualifications: _____
Please list all tertiary education qualifications

Current Occupation: _____
Please provide a description

Workplace Name: _____

MEMBERSHIP CLASSES & FEES

Tick one box only. Admission into a membership class is granted at the sole discretion of the Council, in accordance with the Association's Objects and Rules. A description of membership classes is available overleaf. Please ensure you meet the appropriate eligibility requirements. Amounts shown are current membership fees, due and payable upon acceptance into membership.

☐ **Full:** $200 ☐ **Student:** $50

☐ **General:** $150 ☐ **Corporate:** $500

Please pay via credit card (**only Visa or MasterCard**) or bank transfer (details below), as applications will not be processed unless or until payment is received. Payments will be returned if application is incomplete or unsuccessful.

Acct.: Australian Medical Laser Assoc **BSB:** 082309 **Acct. No.:** 534566252 **Transfer date:** _____

Name on CC: _____ **CC N.o.:** _____ **Exp:** _____

☐ **NEWSLETTER OPT-IN:** Please tick to receive a regular newsletter. You may unsubscribe at any time

STATEMENT BY APPLICANT

I, the undersigned, hereby apply for admission to the Australian Medical Photobiomodulation Association, Inc., and agree to support the Association's objects and abide by its rules and by-laws. By applying for membership, I accept that the information I provide may be shared with the AMPA Council but will not be divulged to other organisations or businesses unless specifically approved by me. I further accept that, if granted, Membership of AMPA does not award to me any accreditation or certification as a laser practitioner nor any other form of recognition as having any specific qualification or expertise as a laser practitioner, and agree that I will not misrepresent my Membership as conveying any such accreditation, certification, qualification or expertise.

Signature: _____ Date: _____

Please scan this form and return to the email address listed above with your payment details enclosed, and include documentary proof of your eligibility for the membership class selected above.

This document will be a Tax Invoice when payment is made - please retain a copy for your records.

AMPA AUSTRALIAN MEDICAL PHOTOBIOMODULATION ASSOCIATION

ABN: 89 140 250 623

AUSTRALIAN MEDICAL PHOTOBIOMODULATION ASSOCIATION, INC.

Membership Classes

⇒ Full
⇒ General
⇒ Student
⇒ Corporate

Full Members

Persons having the following tertiary qualifications may apply to the Council to be admitted as Full Members of the Association:

⇒ AHPRA-registered, accredited medical practitioners.
⇒ AHPRA-registered, accredited medical dentists.
⇒ AHPRA-registered, accredited physiotherapists.
⇒ persons registered in Australia or New Zealand as veterinarians
⇒ retired members of those professions listed above.
⇒ persons of PhD status, or equivalent as may be defined by the Council from time to time, who do not otherwise qualify for Full Membership but whose demonstrable experience or expertise in the fields of laser medicine, photobiomodulation or allied sciences is, at the unfettered discretion of the Council, deemed to be advantageous to the attainment of the objects of the Association.

Full Members have voting rights, and are eligible for election to Council and as Office Bearers.

General Members

The following persons may apply to the Council to be admitted as General Members of the Association:

⇒ AHPRA-registered, accredited health practitioners who do not meet the minimum eligibility requirements for Full Membership.
⇒ persons engaged in teaching accredited courses of tertiary study leading to entry into those professions eligible for Full Membership and who themselves may not meet the minimum eligibility requirements for Full Membership.
⇒ scientists, engineers and technicians involved in the study, support, regulation or advancement of laser medicine, photobiomodulation or allied sciences.

General Members are entitled to the benefits of Association membership, but do not have voting rights and are ineligible for election to Council.

Student Members

The following persons may apply to the Council to be admitted as Student Members of the Association:

⇒ persons pursuing a course of study leading to entry into the professions which qualify for Full Membership.

Student Members are entitled to the benefits of Association membership, but do not have voting rights and are ineligible for election to Council.

Corporate Members

The Council may, at its unfettered discretion, admit to Corporate Membership any organization or individual involved in the business or industry of laser medicine, photobiomodulation or allied sciences. Corporate Members may nominate one representative, who does not meet the membership requirements of any other class, to become a General Member.

Corporate Members are entitled to the benefits of Association membership, but do not have voting rights and are ineligible for election to Council.