CLINICAL AROMATHERAPY I
Practitioner Certification Course
toward your trademark Registered Aromatherapist

➢ To Health & Wellness Professionals
➢ Course Description: A theory and practice study on Clinical Aromatherapy as a complimentary therapy for prevention and targeted wellness improvements.

➢ Theoretical Learning Outcomes:
  ❖ Aromatherapy: history, definition, scientific basis, types.
  ❖ Essential oils: definition, characteristics, potency, concentration in various industries.
  ❖ Understanding plant producing organs and the effects of their essences on body systems.
  ❖ Different methods of extraction of essences from their producing organ.
  ❖ Exploring the physiological, pharmacological, and psychological effects on body systems and the mind.
  ❖ Study of pathways of penetration of essential/citrus oils into the body.
  ❖ Learning and experiencing carriers, blending, proportions, method of application: bath therapy, compresses (hot/cold), various forms of inhalations, and topical application.
  ❖ Addressing pregnancy, infants, children, and elderly.
  ❖ In-depth study of 45 different oils among: essential oil/citrus oils, absolutes and various chemotypes; their physiological, psychological characteristics on the body and mind, and safety precautions.
  ❖ Safety guidelines to prevent sensitization, photosensitization, and skin reactions.
  ➢ Practical formulation learning outcomes:
  ❖ Immune/Adrenal/Depression

Mail Reservations To:
Aromatherapy Institute
3530 Forest Lane Suite 306
Dallas, TX 75234
Phone: (214)350-8008
Check payable to Aromatherapy Institute
Email: aiprograms22@gmail.com

Date: August 22nd -23rd/2015
Time: Day 1: Saturday 9:00 am to 5:00 pm
Day 2: Sunday 8:00 am to 3:30 pm
Seminar Location: Baltimore, MD.
Fees: Seminar Former price $275.00
Early registration $200.00 received by 08/08/15
One week before $230.00 received by 08/015/15
At the door $260.00
Price includes Book, and Lecture Materials
Note: Major credit cards accepted

Name: ____________________________ Type of Health Professional: ____________________________

Mailing address ____________________________ City ____________________________ State ____________________________ Zip code ____________________________

Phone: ____________________________ Fax: ____________________________ E-mail: ____________________________

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