



Justin Wernick, D.P.M., C.Ped., Medical Director
Robert S. Schwartz, C.Ped., Founder

ENESLOW PEDORTHIC INSTITUTE - EPI

1-on-1 or Group Tutoring Available

Eneslow Training & Tutoring Program

Individual and Small Group Program

WHO SHOULD COME:

Those who wish to improve their pedorthic, sales, retailing, biomechanics and business skills.

Those who need a refresher course; prepare for the Certified Fitter of Therapeutic Shoes or the Pedorthic Pre-Certification Course and Exam.



Subjects: Pedorthics - Sales - Retail Management

Pedorthic Assessment - Pedorthic Shoe Fitting - Pedorthic Solutions
Footwear - Foot Orthotics - Foot Products - Ready-made - Custom Shoe Constructions and Designs - Shoe Modifications
Casting and Evaluation Techniques for Custom Shoes & Orthotics
Business and Practice Management - Finance & Administration
Forecasting & Budgeting - Buying & Inventory Control - Marketing & Advertising - Professional Responsibility - Safety - Human Resources
Biomechanics - Pediatrics - Pathology of Diseases and Malalignments



Hands-on 1-on-1 instruction

\$150/ hour for individual training

Group Training

\$125/hour per person for two or more participants in the same program at the same time

\$100/hour per person for five or more participants in the same program at the same time

Fee: Two hour minimum

***Hands-on 1-on-1 training with Robert S. Schwartz, CPED, or Dr. Justin Wernick, DPM, CPED**

\$250/hour for individual training & \$200/hour per person for group training

ABC and BOC points may be applied for.

Added Value: An insider's look into the retail, pedorthic, sales, store operations, and business management of Eneslow.

Eneslow Pedorthic Institute: 470 Park Avenue South@32nd Street, New York, NY 10016 (212) 477-2300 x211 or visit Eneslow.com/EPI

ENESLOW PEDORTHIC INSTITUTE

470 Park Avenue South@32nd Street, New York, NY 10016

Call for more info (212) 477-2300 (Ask for Sarah Goldberg, CPED)
(212) 353-2876 Fax

email:epi@eneslow.com or visit eneslow.com/epi

Please call for more information or to receive a list of *hotel accommodations*.

REGISTRATION: Please Print all of the Following:

Date: _____

Name: _____

Professional Degree: _____

Organization: _____

Address: _____

City/State/Zip: _____

Email: _____

Cell Ph: _____

Home Ph: _____

Work Ph: _____

PAYMENT METHOD

Please circle: Check Credit Card Visa Mastercard AmEx Discover

Number _____

Exp Date _____

Name on Card (Print) _____

Name on Card (Signature) _____

Hours required _____ (_____ Hours X \$ _____ per hour = \$ _____ Total Cost)

Subject required _____

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Please circle faculty: Staff Schwartz Wernick