



Going Gluten-Free!

An educational workshop for individuals & families diagnosed with a gluten-intolerance and celiac disease

CELIAC DISEASE: *How it presents is different in everyone. If gluten is continually or intermittently ingested, there is a greater risk for development of the following:*

- **Irreversible neurological disorders**
- **Intestinal ulcers** (possibly leading to intestinal cancer)
- **Auto-immune disorders** (such as Type 1 Diabetes, auto-immune thyroiditis, Sjogren's Syndrome, and Rheumatoid Arthritis)
- **Intestinal malabsorption**, possibly leading to compromised nutritional status, pancreatic insufficiency, hormone secretion insufficiency, osteoporosis, cognitive impairment, inflammatory bowel disorders, and liver and skin diseases.

Current research from the University of Maryland reveals that in 133 people has Celiac disease. For every 1 person that is diagnosed, 53 go undiagnosed.

IN EUROPE: *commonly tested, beginning at age 6; anyone with fertility problems is automatically tested for Celiac; the average time lag between onset of symptoms and diagnosis of Celiac disease is 3-6 months.*

IN THE U.S.: *not commonly tested and usually only when classic symptoms arise (however, most adults do NOT present with the classic signs!); the average lag time between onset of symptoms and diagnosis is 11 years, if at all.*

Saturday, October 16th
Noon to 3:30 pm

WHAT YOU WILL LEARN:

- **The Facts:** *identifying gluten, how it impacts health, getting appropriately tested, & the symptoms and conditions associated with a gluten intolerance*
- **The Practice:** *becoming familiar with gluten-free grains and flours, & shopping for gluten-free products safely*
- **The Challenges:** *tips and resources for dining out & attending social functions, & eliminating hidden sources of gluten*

**...it's not about what you can't eat...
it's about what you CAN eat!!**

MORE INFO ON BACKSIDE...

WHAT YOU WILL RECEIVE:

- Valuable information contained in a **100-page guidebook** that includes: Gluten-free recipes (for new and old favorites), local gluten-free restaurants, useful books, magazines, and websites that provide reliable gluten-free information, lists to identify the hidden sources of wheat and gluten, and strategies for communicating effectively with food manufacturers and restaurant staff.
- Celiac Sprue Association's Food Product Guidebook FREE!

.....AND A GOODIE BAG WITH SAMPLES OF GLUTEN-FREE PRODUCTS!

DATE/TIME: Saturday, October 16, 2010, Noon-3:30 pm

LOCATION: 4730 Walnut Street, Suite 212, Boulder, CO 80301.

For a map with driving directions, copy and paste into your web browser:
<http://www.essentialnutrition.com/contact/map.shtml>



COST: \$149 individual; \$99 student (*must provide copy of valid student I.D. with registration*)
****Sign up by October 6th and receive 10% discount off individual rate****

SEATING IS LIMITED!! Register early to reserve your space!

(Payment must be received in full prior to start of workshop to guarantee seating.)

TO REGISTER:

By phone: +88!' %!\$\$) % =Znci leave Umessagežnour call will be returned to confirm.

By email: feedme@essentialnutrition.com. Write "Gluten Free Workshop" in subject line.

By snail mail: See registration form below.

Presented by: Lisa Lanzano, MS, RD, Essential Nutrition, Inc. www.EssentialNutrition.com



Registration Form

(This registration form may be copied.)

Going Gluten-Free!

**An educational workshop for individuals & families
diagnosed with a gluten-intolerance or celiac disease**

Presented by Lisa Lanzano, MS, RD, Registered Dietitian

Saturday, Qevqdt 16, 2010

Noon to 3:30 pm

Location:

4730 Walnut Street, Suite 212, Boulder, CO 80301

Please Print Clearly:

Name: _____

Address (use billing address if paying by credit card): _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

Please enclose full payment with registration form. Check method of payment.

_____ Check for \$_____ (Make payable to: Essential Nutrition, Inc.)

_____ Charge the amount of \$_____ to my

Visa: _____ Exp. Date: _____ CVV Code: _____
Credit card number last 3-digits on back

MasterCard: _____ Exp. Date: _____ CVV Code: _____
Credit card number last 3 digits on back

Signature (to authorize credit card charge)

PLEASE BE SURE ADDRESS ABOVE IS THE BILLING ADDRESS FOR THE CREDIT CARD YOU ARE USING.

Please mail or fax this form WITH payment information to:

**Lisa Lanzano, MS, RD
4730 Walnut Street, Suite #212
Boulder, CO 80301
Fax: (303) 546-0047**

Payment and registration must be received no later than Friday, Qevqdt 9, 2010 for guaranteed reserved seating. No refunds after Qevqdt 9, 2010. Cancellations are subject to a \$15 cancellation fee.