



COLLEGE
OF
SYNTONIC
OPTOMETRY

Journal

MARCH 1990

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College of Syntonic Optometry

PRESIDENT'S LETTER

Dearest Colleagues,

The last six months have been very exciting for the field of light therapy and for me personally. In June of this year I attended the summer solstice meeting of The Society for Light Treatment and Biological Rhythms. This organization of which I am a new member is made up primarily of MD's and Ph.D's in research and application of light therapy. The bulk of the membership is made up of practitioners using phototherapy for applications ranging from the treatment of Seasonal Affective Disorders and Pre-Menstrual Syndrome to research into treating jet lag. Yes, you heard me right. PMS and Jet Lag are the next frontiers for phototherapy. The meeting was very informative and many new connections were made.

September was a very busy month for me as I lectured in New Mexico, Florida, New York, and Washington D.C.. When I returned to Aspen in late September, I was greeted by some of the most exciting news of my life. The book I've been working on had been accepted for a Fall 1990 publication by a major publishing house. I've decided to call it *LIGHT, THE MEDICINE OF THE FUTURE*, and yes, all your names will be in it. They told me that they would like the manuscript finished by February 1, so I've been spending all waking hours on the computer. I've literally had to give up my practice temporarily in order to try to complete it on time. It's the most challenging task I've ever taken on, but I'm enjoying it. Our dream is getting closer.

Another major project I've been involved with is the 1990 Syntonics conference. With the help of Dhavid and Joan Cooper we have landed a magnificent hotel. It's called *The Houstonian*, and without exaggeration, it is probably the most beautiful and well equipped hotel in Houston. I've heard the grounds are gorgeous and the facilities unbeatable. A major change this year is that we have decided to have a four day meeting, allowing us more leisure time and more quality education. The dates for the meeting have been set for April 26 through 29, with board meetings beginning on the 25th. The bulk of the program has not yet been totally established, but I can tell you that once again we will have several world authorities presenting lectures. So far I have been able to confirm Darius Dinshah, the son of Dinshah P. Ghadiali, perhaps the originator of the basic science of colour therapy. I have also confirmed Dr. Harry Wohlfarth of Canada. Dr. Wohlfarth is one of the most highly respected and regarded colour researchers in the world today. He has published extensively since the 1950's, is the president of the International Academy of Coloursciences, and is a professor at the University of Alberta. I am also trying to get Dr. Russel Reiter to take part in this program, but have not yet been able to reach him.*

This will be the finest meeting this organization has yet seen. The 1990's will usher in an era of *ENERGY MEDICINE*. The Science of Syntonics and general phototherapy will enter into the scientific and public limelight. I would like to see 100 registrants at this meeting. Please assist me by attending and bringing at least one other practitioner with you. The challenge each of us will have in the coming years will be more than we can imagine. Spittler's dream is just on the horizon.

Very Sincerely Yours,

Jacob Liberman, O.D., Ph.D.

*CONFIRMED, JAN/90.

P.S. My visits with George Brainard, Ph.D. at Thomas Jefferson Medical School and Norman Rosenthal, M.D. at the National Institute of Mental Health, were very exciting and informative.

Dr. Rosenthal at N.I.M.H. has been investigating coloured light treatment rather than just white light for S.A.D., while Dr. Brainard and T.J.M.S. stated that, "Light striking the eye affects every cell in the body."

Light therapy is on the leading edge of scientific discovery.

IN THIS ISSUE:

The Physics of Light: Dhavid Cooper, O.D., M.S.	2	The Alpha Omega Pupil: Charles Butts, O.D., Ph.D.	7
The String: Charles Butts, O.D., Ph.D.	3	Seeing Too Straight	6
Texas/90	4	Questions	8
Convention Candida, California/1989.	5	Supplies and Instruments	8
What Does The Light Do?	6	Information	8

THE PHYSICS OF LIGHT

Dhavid Cooper, O.D., M.S.

A brief summary of a talk given at Murietta Hot Springs, 1989 to the College of Syntonic Optometry:

A few years ago in graduate school, I became aware that there existed several artificial light sources that were commonly used in schools, homes, offices, universities, etc. The obvious and most common were fluorescent and incandescent light sources. I was struck by the fact that there existed several varieties of fluorescent sources; cool white, warm white, deluxe warm white, and Vita-Lite to name a few. Using a spectroradiometer, a device to determine the wavelength composition of a light source, I was able to plot the various spectral distribution curves of these various light sources to determine their wavelength composition.

It was quite obvious that there were marked differences among the light sources — cool white having more energy in the yellow-green part of the visible spectrum, and Vita-Lite (full spectrum) having a more even distribution of all the wavelengths across the visible spectrum. It turns out that both these light sources had been intentionally designed to manifest these wavelength characteristics. The cool white was designed by lighting engineers to almost simulate the photopic sensitivity curve of the eye, which is more sensitive in the yellow green portion of the visible spectrum. The Vita-Lite was designed by John Ott to simulate more closely the natural “full spectrum” of sunlight. The incandescent light source bore no resemblance in terms of energy distribution to any of the fluorescent sources, having very little blue energy output relative to a large amount of red wavelength energy output.

Knowing that the eye exhibits chromatic aberration such that blue light is focused in front of the retina, and red light is focused behind the retina, I wondered what the effect on accommodation might be when reading or focusing under the different light sources. Would the eye tend to utilize the chromatic aberration interval to exert less accommodative effort when focusing under a light source that had relatively more blue energy content than red energy and vice-versa? An experiment was set up to investigate this. The results indicated that a light source with relatively more red energy than blue energy, such as an incandescent light source, did in fact cause the eye to exert a greater accommodative effort, an average of 0.40D for our subjects. This difference in accommodative effort was immediately noticeable when switching from one light source to another. I believe that an even greater difference in accommodative effort would have been noticeable had we measured accommodation after several minutes or hours of reading under the different light sources.

While conducting this experiment, I was conducting a second experiment to determine exactly what wavelength was in focus on the retina. The standard optometric texts reported that a wavelength of about 560 — 580 nm was the wavelength in focus on the retina for most individuals. The results of my experiments showed that for all the tested, none of the individuals had the same wavelength in focus on the retina, and that there was a spread of over a 100 nm difference for the group. This suggests very strongly that there is great individual variability for the wavelength in focus on the retina. There was no correlation for wavelength in focus on the retina with refractive error or the age of the subjects. I wondered at the time, and still do, if at some point in the future, this phenomenon of selectivity of wavelength in focus on the retina will serve as a diagnostic indicator in vision phototherapy treatment.

Some months later, while pondering these issues in the laboratory, I attempted to determine if I could measure the light being reflected from the pupil of the eye using the spectroradiometer as I had in the first experiment when measuring the light sources. Using my wife as a willing subject I set up the equipment to measure directly into the pupil of her eye. Having just measured the light source composition, I knew exactly what wavelengths were being “beamed” into her eye. What was measured as being reflected back out of the eye was very interesting. Only two or three very narrow wavebands of light appeared to be being reflected back out of the eye. One in the yellow green portion of the visible spectrum and the other in the red end of the visible spectrum at about 660 nm. I then did the experiment on myself and found similar results, with the exception that only one narrow waveband reflected out of my eye at about 700 nm. Jacob Liberman, the president of the College of Syntonic Optometry happened to be in town, and I repeated the experiment on his eye. His results presented a very different picture to mine or my wife's. There was a more even distribution of all wavelengths of the visible spectrum being reflected out of his eye, almost like a full spectrum light source.

Obviously, these last measurements are simply pilot data and do not reflect a controlled experiment. The results are open for discussion and speculation. Exactly what is being measured has yet to be determined.

Are the measurements from the retina, or are they corneal? If retinal, what happens under dilated conditions, and do the measurements change when measured from different areas of the retina? Do they change after a syntonic treatment? I hope to pursue this issue further and hopefully to report additional findings at the 1990 meeting in Houston. If we are able to validate, repeat, interpret and understand these measurements, who knows, we may be a step closer to an objective diagnostic indicator for vision phototherapy.

THE STRING and its application in Syntonic Optometry

Charles Butts, O.D., Ph.D.

The 'Brock String and Beads' has long been a basic device used by Optometrists for diagnosis and treatment of suppression, convergence, and binocular efficiency. It has been gaining popularity recently among sports vision optometrists who, with practice in the application of the test, can predict the abilities or shortcomings of a player. Many a coach has been impressed by the Optometrist's observation that a baseball player will swing his bat too soon (or too late), or that a football player will have difficulty catching a high punt although he is efficient in other aspects of the game. "The String" is no less important to Syntonic Optometrists.

A simplified string may be devised by attaching one end of a string to one end of a pencil. (Tie it on the end or split the eraser, insert the string and secure it.) The string should be about 6 feet (or 2 metres) long.

Whether the procedure is to be used as a training device or as a diagnostic instrument for a child, the parent should be placed in a position to view the procedure, i.e., directly behind the practitioner.

The Optometrist should be at eye level with the patient and on the patient's mid-line.

The pencil is held by the patient parallel to and resting on the surface of his nose, with the string end approximately at the bridge of his nose.

The free end of the string is held taut by the optometrist along the mid-line, at about 20 inches from the patient's eyes. The optometrist asks, "Do you see two strings making a "V" at my thumb?" (The string is held by the index finger and thumb, with the thumb prominent.)

When the patient perceives the "V", use the following procedures:

- a) The string is pulled through the finger and thumb and kept taut as the finger and thumb approach the patient's face, the distance lessening. He says, "Tell me when the strings cross in an "X" or when one string disappears." When the patient reports, the string length is noted. The finger thumb are now moved back slowly, lengthening the string, and the patient is told "tell me when you see the "V" at my thumb again". The length of string is noted when the patient reports.

When the "V" is recovered, the practitioner slowly rotates the string, noting whether the "V" is maintained throughout a 360° rotation. If not, the position at which it is lost is noted (e.g. by degrees or quadrant).

If, during the rotation, the patient moves his head, he is demonstrating peripheral limitations (which deter smooth 'tracking',) and indicating a "tunnel" field.

- b) Beginning at the mid-line and holding the string at the patient's reading distance, providing he sees the "V", the string is moved in a vertical direction above and below the mid-line. "Does the string "X" or does one string disappear?"

Responses are noted with description and linear measurement from the mid-point to the point of response.

- c) The string is moved horizontally from the mid-point, and the same questions are asked. Responses are noted as above.

All of the notations and measurements are recorded to provide base line data with which progress is compared.

Significance

The closer to the mid-point any breaks or disappearances of the string "V" occur, the smaller the field. When such disruptions occur the optometrist, with practice, will perceive the eyes lose their fusional position. This observation is important, since the patient's reports may be delayed or his ability to 'see' a change may be poor.

The parent who has been observing these procedures should be encouraged to watch for the 'telltale' eye movements which occur when fusion is lost. Usually the same eye loses the fixation consistently, and the parent should be alerted to watch that eye closely.

String rotations as home therapy may be done monocularly for 5 minutes and binocularly for 5 minutes (total 15 minutes). Push-ups should be added, with the parent alert to eye posture.

The Brock string and beads may be used or copied to facilitate jump fixations from 6' (or farther) to intermediate and near points.

TEXAS / 90

THE COLLEGE OF SYNTONIC OPTOMETRY ANNUAL CONFERENCE April 26 to April 29, 1990

HOUSTONIAN HOTEL AND CONFERENCE CENTER
Houston, Texas

PROGRAM

Wednesday April 25, 1990

4:00 pm : Board Meeting — President's suite
8:30 pm : Fellowship Examination

Thursday April 26, 1990

8:15 - 8:45 am : REGISTRATION
8:45 - 9:00 am : "Welcome"
Conference Host, Dhavid Cooper, O.D., M.S.
9:00 - 9:15 am : "Introduction to Light Therapy"
Jacob Liberman, O.D., Ph.D.
9:15 - 9:45 am : "Historical Overview of Light Therapy"
Jacob Liberman, O.D., Ph.D.
9:45 - 10:15 am : "The Physics of Light, and Artificial Light Sources"
Dhavid Cooper, O.D., M.S.
10:15 - 10:30 am : MORNING BREAK
10:30 - 12:00 am : "Let There Be Light"
Darius Dinshah
12:00 - 1:30 pm : LUNCH
1:30 - 2:15 pm : "Neurophysiology of the Retino-Hypothalamic Pathway"
Jacob Liberman, O.D., Ph.D.
2:15 - 3:30 pm : "Basic Theory of Syntonic Optometry"
Charles Butts, O.D., Ph.D.
Larry Wallace, O.D.
3:30 - 3:45 pm : AFTERNOON BREAK
3:45 - 5:15 pm : "Basic Theory of Syntonic Optometry" (Continued)
Charles Butts, O.D., Ph.D.
Larry Wallace, O.D.
8:00 - 9:00 pm : "Exploring The Spectrum"
A Film by John Ott, Sc.D. (Hon.)

Friday April 27, 1990

8:30 - 9:00 am : "The Significance of Visual Fields"
Jacob Liberman, O.D., Ph.D.
9:00 - 10:15 am : "Basic Practice of Syntonic Optometry"
Charles Butts, O.D., Ph.D.
Larry Wallace, O.D.
10:15 - 10:30 am : MORNING BREAK
10:30 - 12:00 pm : "Basic Practice of Syntonic Optometry, Continued"
Charles Butts, O.D., Ph.D.
Larry Wallace, O.D.
12:00 - 1:30 pm : LUNCH
1:30 - 2:00 pm : "College of Syntonic Optometry Equipment"
J. O. Jenkins, O.D.
2:00 - 2:30 pm : "Equipment Presentation"
John Searfoss, O.D.
2:30 - 2:45 pm : AFTERNOON BREAK
2:45 - 3:15 pm : "The Photron Neurovisual Stimulator"
John Downing, O.D., Ph.D.
3:15 - 4:30 pm : Business Meeting
For College of Syntonic Optometry Members

Saturday April 28, 1990

- 8:30 - 10:00 am : "Light as a Drug and Its Use in Clinical Medicine"
Russel J. Reiter, Ph.D.
- 10:00 - 10:15 am : MORNING BREAK
- 10:15 - 11:45 am : "The Present State of Research in Colour Psychodynamics in the Medium and Long Wave Range" — Professor Dr. Harry Wohlfarth
- 11:45 - 12:45 pm : LUNCH
- 12:45 - 1:45 pm : "The Downing Technique of Neurosensory Development"
John Downing, O.D., Ph.D.
- 1:45 - 2:45 pm : "Psychotherapeutic Applications of Light"
Jacob Liberman, O.D., Ph.D.
- 2:45 - 3:00 pm : AFTERNOON BREAK
- 3:00 - 3:45 pm : "Spectroradiometric Measurements from the Eye"
Dhavid Cooper, O.D., M.S.
- 3:45 - 4:30 pm : "Integrating Electro-Acupuncture Diagnosis with Syntonics."
Glen Swartwout, O.D.
- 7:30 pm : BANQUET

Sunday April 29, 1990

- 8:30 - 9:15 am : "Syntonics as an Adjunct to Vision Therapy"
Cliff Fukushima, O.D.
- 9:15 - 10:00 am : "Clinical Application of Syntonics with Children"
June Robertson, O.D.
- 10:00 - 10:45 am : "Phototherapy in a General Optometry Practice"
John Searfoss, O.D.
- 10:45 - 11:30 am : "Open Questions to Panel of Conference Speakers"
Charles Butts, O.D., Ph.D. Jacob Liberman, O.D., Ph.D.
Dhavid Cooper, O.D., M.S. June Robertson, O.D.
John Downing, O.D., Ph.D. John Searfoss, O.D.
Cliff Fukushima, O.D. Larry Wallace, O.D.
- 11:30 - 11:45 pm : "Closing Remarks"
Jacob Liberman, O.D., Ph.D.

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HOUSTONIAN HOTEL AND CONFERENCE CENTER

Attendees should plan to arrive at Houston Intercontinental Airport or Houston Hobby Airport by 8 P.M. Wednesday, April 25 in order to catch the Houstonian Airport shuttle to the Houstonian Conference Center. This will allow you to arrive in time for dinner which is served until 10 P.M. The shuttle fee is \$17.00 per person, which will be added to your room bill.

The price includes all meals from dinner Wednesday, April 25 to breakfast Sunday, April 29 and the Banquet Saturday evening. Check in time is Wednesday 4 p.m., and check out is Sunday noon. We encourage you to share a room. Single, per person, per night, is \$120.00. Double, per person, per night, is \$85.00. With tax and service charges, the rates are approximately \$150.00 and \$106.00 respectively. Please contact Dhavid or Joan Cooper if you would like help in finding a roommate. Our number is (713) 522-3183.

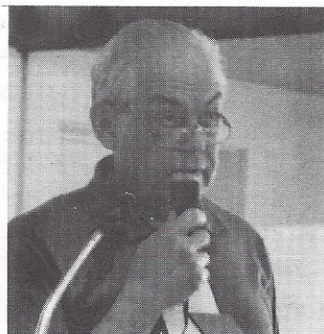
The Houstonian Hotel and Conference Center would like a registration list by April 9, 1990. As soon as you have made your travel plans, call us, so we can reserve a room and arrange for the airport shuttle. You may also call the Houstonian directly at (713) 680-2626. We look forward to seeing y'all!

DHAVID COOPER — Chairman

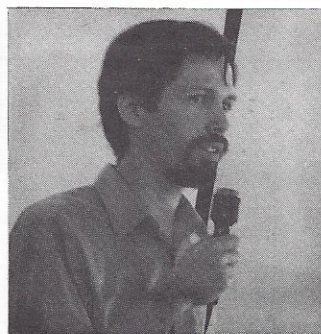
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CANDIDS**

California/89

THE PRESENTERS



Dr. Sol Slobins



Dr. Glen Swartwout



Dr. Cliff Fukushima

Photos By: JOHN SEARFOSS

“WHAT DOES THE LIGHT DO?”

“If a cause be good, the most violent attack of its enemies will not injure it so much as the injudicious defense of it by its friends” Colton

Practitioners new to Syntonics often ask, “How do you explain this to patients?” A couple of “old hands” have given their opinions about talking to patients.

Dr. F. A. Humphrey: I believe that if an attempt is made to prepare patients for something you are not sure you can deliver, by discussing with them before or during the treatment some of the actual facts about Syntonics, a bad psychological influence may be effected.

Dr. O. I. Crawford: I heartily agree with this statement and believe it would be wise for all syntonists to keep a copy of it on their desks until it becomes so much a part of them that they discontinue making this mistake. Since it took Dr. Spitler three whole days and part of three nights to get Syntonics over to supposedly trained minds, how can we begin to give even a slight idea (of it) to an untrained mind in the few minutes we are with our patients in our offices?

When the optometric practitioner is able to eliminate any doubt in his ability to correct a given eye disturbance, the problem of eliminating uncertainty or fear from his patient’s mind will be a great deal easier. When a practitioner **knows** what Syntonics will do he unconsciously radiates this knowledge in the confidence he manifests while applying the technique and the patient will always be conscious of this.

We need to be careful not to permit the patient to leave the office thinking he has looked at a “light”. It is ALWAYS A FILTER, **never** a light and **never** a colour. From a psychological point of view I believe that if this thought can be put over to the patient it will be of great benefit to him and to the syntonist.

Successful professionals do not discuss details of their professions with their patients or clients, so why should optometrists do so? When the patient is benefited and does not know just how it happened he is much more interested in the ability of the practitioner. If, and when the opportunity presents itself, Syntonics can be mentioned in a casual way and be more impressive than ‘playing it up’ too much or presenting details of anatomy etc.

These comments were quoted from Vol 2, No. 10, (1934) of the Syntonogram.

In its various forms, the question, “What does the light do?” is still the most common question asked in a syntonics practice, just as it was in the 1930’s and through the past decades. It presents a critical moment. Are our answers appropriate? Do our answers give patients more than they can comprehend? Do our answers make sense? Are our answers believable? Surely there are as many answers as there are questioners and practitioners. What do you say? Has your answer ever discouraged a patient from accepting treatment?

Editor’s Note: Your opinions or comments are encouraged. Your “answers” would be of universal interest to all our readers.

SEEING TOO STRAIGHT Stress and Vision

Remember the last time you stumbled on a step or walked smack-dab into a wall? Chances are it happened when you were in that fretful state called stress. The connection between stress and such motor mishaps has long been accepted on grounds of common sense, but now two researchers have added a scientific explanation: Psychological stress affects how much we

see with our peripheral vision.

In a series of studies, Mark B. Andersen, Ph.D., of Beloit College and Jean M. Williams, Ph.D., of the University of Arizona, asked volunteers to report recent negative events and hassles in their lives. (An earlier study found that such niggling daily annoyances were as significantly stressful as a major life event, such as divorce.)

The more stressful events a person reported, the more likely he or she was to have relatively narrow peripheral eyesight when forced to respond quickly to

THE ALPHA OMEGA PUPIL

Charles Butts, O.D., Ph.D.

The "Alpha Omega pupil" is a term unique to Syntonic Optometry. It is used to define a pupil which does not respond normally to direct light. When a penlight is directed at the eye continuously from the front, an 'alpha omega' pupil may fail to constrict, or may constrict but fail to hold the constriction. The pupillary response is an indication of the size of the functional field; i.e., the faster the dilation (in the presence of the light source) the smaller the field. The response of one eye may differ from that of the second eye. (Alpha Omega is the combination frequency recommended to alleviate the faulty pupil function, hence the term was coined.)

Assessment of Pupillary Response

Procedure for the right eye:

1. Position yourself slightly to the patient's right.
2. Instruct the patient to look straight ahead at a distant object (e.g. "the big E").
3. Tell the patient you will shine your penlight at his eye and he must continue to look at the distant target.

Observations

1. Note the size of the pupil, a) in room light, b) in dim light.
2. Shine your penlight at the pupil (from the front, as close as possible to patient's line of sight) and watch for one of the following responses:
 - a) the pupil constricts and holds the constriction (with some fluctuation) for at least 15 seconds, indicating normal reaction and normal field.
 - b) the pupil constricts but fails to remain constricted, and reopens slowly indicating a probably normal field, but a possible physical stress and low adrenal action.
 - c) the pupil constricts but immediately releases and remains dilated, indicating a restricted field of probably less than 20° in diameter.
 - d) the pupil fails to constrict, indicating a blind eye, a functional field loss, a drugged system, or a field of 1° to 3°.

Repeat the above procedure and observations on the other eye, shining the light at the eye from the left frontal position.

Treatment: for a) none needed.
for b) depending on the presence of complaints or symptoms, one might apply alpha omega or, in absence of complaint, might do nothing.
for c) use of alpha omega and mu delta is successful in 80% of cases.
for d) further investigation is warranted, and treatment, depending on the cause may be given. (Omega, and/or mu upsilon has proven successful in remediation depending on the cause, but particularly when trauma is involved.)

As in all optometric procedures record should be made of the size of the pupils, illumination level, and the pupil responses.

For Syntonic Optometrists, the observation of the pupil (in the absence of drugs) also indicates whether a patient is sympathetic or parasympathetic dominant. How? Read the Spitzer text — pages 70 to 73.

Note: Although a large pupil is more readily suspected as an 'alpha omega' pupil, small pupils may be seen to give the 'alpha omega' response.

a visually demanding task. This may explain why cracks in the sidewalk trip us up much more readily when we're upset or why we fail to notice approaching cars on the most frenzied of mornings.

More research is needed to understand just how stress and vision are linked. (Although Andersen and Williams speculate that not having a well-tuned coping mechanism — social support, enough rest, a good diet — could make the problem worse and you even more accident-prone.) For now, Williams's advice to the person under pressure is commonsensical: "Maximize

your concentration since you may be missing critical cues in your peripheral vision (like judging the distance between you and a moving car, person — even a stationary wall) that could be important for effective performance."

While it may not ease your mental turmoil any, at least your body's likely to suffer fewer bumps, bruises and scrapes.

August 1989

'Longevity'

Courtesy: DR. ROSENFELD

?? QUESTIONS ??

In previous issues we have (apparently) asked the “unanswerable”. Here are three more questions, but this time you will find the answers in “The Syntonic Principle” on the pages indicated.

- 1) How do “repulsive sights” cause nausea? (P. 74)
- 2) Name the two black bodies of the eye. (P. 153)
- 3) What is a “vicious circle”? (P. 180)

EDITOR'S NOTE: Questions are courtesy of an unsigned, undated communication, but I suspect that Dr. Charles Butts can claim credit.

COLLEGE OF SYNTONIC OPTOMETRY

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INFORMATION

Dr. Ray Gottlieb

Made videos available of
“The Basic” course (California/89)

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Dr. Dale Fast:

Your able librarian — contact him
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— Syntonics — Photoretinology
— Fields — Syntonograms

Your current **JOURNAL** has been published in Oakville, Ontario, Canada. This publication is intended to serve as a link in those bonds of Optometry and Syntony which unite us despite the distances separating us.

The direction this publication takes depends as much on you as it does on me. Contributions are not only welcome, but essential, (unless you favour a northern exposure).

June Robertson, Editor

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