

With that what does that mean?

We truly have the ability through our food choices shown through journals many times even in the short course of 24 hours after a meal you can see a shift in healthy gut bacteria and healthy genes and the down regulation and negative Nestea -- Nasty genes we want to turn off, we are doing our DNA with our infrastructure a beneficial thing when we serve our body what it needs and what it wants. If you are ready for some of that in the Journal of Medicine, they show as mentioned over the course of even something simple, like a 24 hour window, the components of what is happening in your gut from the sampling of pro-inflammatory modules, or shortchain fatty acids, and how those are going to interface as you will, decrease or increase from this point of protected factors. Get permeability, oxidative stress reduction things of that nature you will see the difference between your body and how they do between an animal-based source and a plant-based source, similarly. In the westernized diet top left, showing changes in gut bacteria population specifically and how that impacts inflammatory state on cardiovascular disease and obesity you can show basically the opposite of that biome and progression to the inflammation as well.

Once again as we talk about this around the hexagon, we have this which is the plus here, don't get free radicals a chance, this destroys our DNA and detox allies assess cellulase there is a way that we can optimize how much stress we are able to get rid of we are theoretically setting ourselves up for minimizing how much biological damage we are doing, here is a list of some of the highest proportions of anti-oxidant content in food, plant-based food is at the top with tons of anti-oxidants, and various products you can see you name it.

With anti-oxidant properties where available, and what I tell my patients, eat foods and rich in color, the darker in color and pigment, the bang for your buck with vital nutrient that you're given. You want to get those different varieties of different hues in different colors to maximize the components of the beta-carotene and Phytonutrient, versus what is in a red pepper in a green pepper, the capacity intercepts the information test case, and if we have this close date of humming and simmering information at all times for the most part the standard American diet create, then there's no other recourse for our body then to develop chronic disease, and those being one of the conditions. We are able to set our body systems up and get rid of about system that is not protected we reap the benefits from a biologic standpoint as well. We watch it over time. And a beautiful thing to appreciate as a medical provider. Those who are doing it themselves.

What I tell my patients we remember the skittles add taste the rainbow, I tell them to eat the rainbow, for Phytonutrient capacity across all the vegetables you name it. Little information into action slide here, and then of course we talk about a lot about the inflammatory diet, real food really. And even mentions of some out there, coffee, tea, utilizing real food as a foundation of our diet, I took the liberty of shipping around the components, I should actually the reference for omega-3, and inherent in this conceptualize that you will get your biggest thing for your buck the more fiber full foods you are eating up front, think of the

fish that meets the eggs, those are the ice cream on the cake as opposed to the full cake in and of itself. We are changing the dialogue in how to build a plate.

What we have here, essentially they have been shown patients suffer with tendinopathy case relevant to this dialogue, he also had pain because he was carrying excessive weight on his joint enemies come that vicious cycle was at a place where we could certainly have been exacerbating a plethora of medical issues for him. We talk more about treating and integrating, and treating pain by the diet, can help with pain modulation and management, Mediterranean diet style is one of the focal points we used to see changes in cardio vest your risk factors, we see revolution in metabolic syndrome, utilizing Mediterranean diets, and reducing and resolving fatty liver disease, things of that nature come you will see in the table to the left. It lists pro-inflammatory like high glycemic low foods like process bread, many breakfast cereals, in the US, chock-full of cereal and sugar, and other standard American diet circle, 62% of which process foods in this country, and pro-inflammatory diet increasing in the increase of fatty acids, peanut oil, also consuming seed lot, which is the meat that we are consuming does not meet the volume nearly that our grandparents were consuming.

Trans fatty acids. Potassium and Cydel new CNS -- Phytonutrient as well, is a response of all those pro-inflammatory downstream effects, to hypoxia, free radicals, you name it. Basically if you are learning more in the direct contribution to the things we will talk about a little bit further in this dialogue, low levels of vitamin D, inflammatory IL-10, and increasing cytokines, and increased pain expression things of that nature, certainly that is all there for you to reference.

The last component of our hexagon walk in basically built up by Dr. when and specific to each patient I'm not recommending that this be a generalized think it is per se a generalized bank, and a pretty well documented general medical issue over time for example vitamin D deficiency in military members, across the board, and prior on the right side I personally integrate with chronic pain patients as well fluctuating about 1000 milligrams per day sometimes upwards of three times per day, per patient specific.

These are more of the focal supplementation recommendations given in respect to the right context of bolstering your immune system with a variety of vitamins and Phytonutrient, in particular vitamin D, and the ones listed here. So just something to think about with supplementation, I would like to once again bank on the idea, use your food as your best source of not only bioavailable Phytonutrient, that are listed here. Because yeah, that is the smartest way that our body will integrate those as well. As mentioned, this will be available to people on this call, and this is a great measurable marker to the systemic inflammation with respect to how you can track your own patient.

For example, there predictors. Levels first staff in blood sugar, waist circumference, as well as PI, hip ratio, high sensitive CRP, vital levels, something to think about. Really were talking about how we can conceptualize, capture and integrate that within our care delivery. It

really is something to cause us to pause a moment, and the same story, you're trying to pull from that chronic opioid, or antihypertensive, or cholesterol medication, things of that nature capturing the metrics of all of this, and may get a little forward facing. And to share that we can do something to impact these numbers as well. This is exactly what the big hexagon handout asked like, and that you have access to, it is hyperlinked as well. We have just in the protective side of the help and broken down a little bit more in a little bit more granularity for each of the hexagon pieces.

What I typically recommend for my patients and providers alike, getting familiar with this, and we are not trained, as physicians, or healthcare providers to really understand the true impact of food choice on patient health and patient disease status. It is not our fault, there is a fantastic quote I always go back to, do the best you can with what you know, when you know better do better. I have found a great pride and contentment in how I've been able to build up the Karen this by the teamwork in the infrastructure that we built for the patients and truly sing them turn truly their disease 180 degrees around, as mentioned both of these we have touched on in these last slides, feel free to use this as a reference, and share this with your patients, that is a truck guide as well, and of course the personal protective lifestyle guide that was given during the case seven talk as well, very well event is relevant. I recommend you take a look at these as well for these stress-free exercise connections and building a mindful resiliency in that space.

As we shift gears into the second half of this dialogue here. We know a lot about this from the standpoint, I see a comment here on the two slides that are actually in the air files section, under that 10-July 2020, that is the hyperlinked version feel free to share that with your patients thanks for the input.

Just before we shift gears, we will talk a little bit about implementation. The challenges and how we really have to find a way to set the fire there and the different dialogue with our patients that were used to care, we want this result then you have to do what I say. In the space of this medicine, we have a little bit of a different dialogue. We figure out what drives the patient, and figure out how we real provider rebuild that patient, the example I use with my team is I like to think of it as I am the quarterback, I'm John Elway go Broncos, everybody knows, if you are Steve Atwater, Emmitt Smith, I only look good if I throw you a pass you can catch in the end zone, when you make that catch we look like a fantastic team, changing the paradigm and the dialogue with your patients in the space. It is really easy to focus on the what is to do a.k.a. eat more foods with fruits and vegetables. With neglect to be able to have the net of the implementation challenges, it's particularly difficult if you are in a lot of pain.

There's a lot of other competing factors that are sort of interfering with how you're going to approach a new space in dealing with chronic pain. There is behavioral change, and skill approach that should shape how you approach and talk to a patient. That includes things that we will touch on shortly, effective goal setting, highlighting the importance of interdisciplinary approach which we talked about too, it is not just the

team but the nurse practitioners and registered dietitian is, solid colleges, of psychologist, it is a medical model. The name of the game in the performance medicine is sustainability. Once again what will be more sustainable is a goal that the patient chooses, you help to accomplish over time. Sustainability and effectiveness over time? As mentioned, I had a great consult from a colleague of mine, and he said when you are in it's harder to be on your feet preparing food, Taco Bell is still open during COVID, and your family comes home with cookies and they put them everywhere strategically, or subconsciously, and eating sugar bring fan huge dopamine at the expense of possibly more inflammation. That is sort of the snapshot of this slide, course is going to be easier to default to as the lizard brain, and the wizard brain, the point of life of medicine is to activate that wizard brain, return on investment will be higher in longer-term even though it might be more difficult now.

Lizard brain saying we want fat, sugar, SIU and we want it now, thank you talk about, that is the dialogue that you have to conceptualize, the dialogue with the devil on your shoulder, the captions with the right healthy woman cooking with vegetables, which is a testament to, sometimes it is more difficult to cook at home and to build a new skill set in that space. Wherever you want to start. This is really getting an evaluation for where they are, this is of course the tried-and-true theoretical model, the signs of the behavior change, the various skills and approaches should shape how you talk to your patients, and you walk through the mall, and pretty much unless they are open to the dialogue, I really do get a sense for every single one of my patients, and I say this is totally optional for you I can continue managing in the conventional way, typically side effects are so bad they are game for a different dialogue, I like to use the Einstein cloak of doing the same thing over and over again expecting the results, that is the definition of the insanity, that is what patients are dealing with, they have been trying to time and again unsuccessfully address their pain in a novel way, this is where I like to have a consultation and clinical interventions, and have a different flavor and stent. All the way through maintenance phase, maintenance being read, that is the hardest and the sustainability, efficacy is the name of the game for this performance medicine clinic. A really fascinating thing I want to bring up, in the space, researchers tackle this question of the most effective Y, straight out of Michelle Steger's book no sweat.

Mostly overweight healthy women all of these participants were provided with the map of the same one-mile course, and they would get lunch after the walk is over half of the reasons were told, to exercise, the "Why", to view it as such and to notice how they felt throughout the walk, the other group was told they were walking for fun and told to enjoy themselves on the walk, each one calculated the calorie expenditure and to explain mood, old were extremely similar mileage and the calories burned and experience was quite different the ones that exercise tell they were feeling more grumpy, then the ones for fun, EDAM -- Even more interesting they would choose between sugary drink or between putting and applesauce the women who had been told why was to exercise to get more categories from the calories, then those who was told the why was for fun, this gets very Nietzsche very quickly. I appreciate that I hone in

on that. You have to build that core for that patient to see they are driving the ship of their own health.

We as Allied health provider serve as a guide, there is someone at the helm, the Northstar, so went to help make their way, and make the ship move with the writers, we have going around the wheel here, the why, doesn't offer immediate gratification, those are behavior changes that we have to dial into the encounter for it to be successful. As mentioned, performance medicine clinic the first of its kind to be established in 2017. We have had fan test access in this space treating patients in a different flavor and a different approach. Of course this is the Surgeon General Dorothy Hogg, who came through the clinic in 2019, we briefed her on one of our medical texts right here on the right who had similar results, over time, she had through 50 points, lost 50 pounds, and reverse prediabetes and her chronic pain dissipated, that was 85 to 90 plant-based, not even the exercise, but the head of the sleep component, absolutely she was intrigued and engaged in recommended that we scale it up to the headquarters level, pleased to report was officially signed into existence a couple of weeks ago, under the signatory authority of General Miller, and that being said, we are looking to expand this military wide.

We want to partner with personnel at every installation, and every color uniform, if this picture interest you please feel free to reach out to me. I could share more going back to the medicine and how we execute a visit. We really focus on once again, the effecting, the sustaining of true-life performance medicine change, of course there are four conditions of success, and changing behavior. They are listed here and we will do a deep dive into accomplishing each of these. Defining ago, defining a plan, building personal motivation to build on through, and continue to make strides.

First and foremost, of course defining a goal, this is where the you let the patient drive, you put your hands up and say I'm here 100% to a support you and we can approach this in a myriad of different ways, we have options in this exercise you get to choose with respect to the fold on the food choice, this dialogue they think vegan. I do not use that word, and I use plan placed, consuming more fiber, plant-based, and I can see that rule on 50% dairy consumption processed food consumption and things of that nature. Once again smart goals. Smart measurable how to exercise and execute those goals, these are the ones that I provided on the left-hand side, the patient can set aside in their own rule and words, I like to chart it and make it non-threatening, if it is decided by patient they will choose something they can do, that is why something like 10% of my dairy intake, that is something new apply those small steps, they think if you don't go full bore out of the gate, you won't succeed and that is the way to fail I could tell you upfront typically for a life med consult I will let people choose when they want to see me again, if we are tracking labs, then cholesterol, normalization then I give them 40 weeks pain management is typically 4 to 6 weeks, then give them something to work on at a couple weeks at a time and see how their progress is going.

As mentioned, defining a goal. Tell them that they have homework, the dialogue does not end after the clinical visit is over this is homework oriented somewhat approach, I gave the example of the fiber intake how will you help them exceed at their goal? There are a handful of free apps out there to help us well. Then more apps below that, typically every single person I see is on a med clinic, their first homework is the fiber homer, remind them they are the driver seat, you are here to help guide the driver. The driver overall overtime, giving them things to look forward to, and writing this stuff down. It's hard to conceptualize this stuff when a lot of new information is getting thrown at you, track your fiber intake 1 to 2 weeks it will be worth it to familiar size, familiarize yourself, and that is the unique thing, with medicine. I'm very open with my patients. I'm very clear with them, I'm happy to communicate specifically about their lifestyle performance medicine.

I do not feel that the patient questions per se, I do not have a problem fielding questions outside of the clinic, outside of the formal appointment itself to continue the momentum. So you know I like to use the Dr. evil idea, really what I'm going to need as the quarterback in the space of performance medicine, lifestyle performance medicine, I will need you to conceptualize what you are doing. You have to explain what you are doing and hand them the sheet of paper you committed to, and what you been tracking over time. So that they can get the same idea of dialogue and interaction for that initial style performance bid on the visit. Then gathering knowledge, to make a clear plan. Having a failsafe for when the patient is not in the clinic, we talked about this. Make them comfortable knowing that they have a back wall, and that is me, and some of my text, and the spectrum of having questions. I expect you to have asked those questions. Even at where time at 6 PM on Friday, grocery shopping knowing where to go following the bullets on the right and acknowledging what they need. There are tons of online resources, the next slide we will talk about the resources that I would recommend, you as providers check out to get familiar with as well. There is no sense in reinventing the wheel, customize your scopes instead, and there are fantastic resources many are free to help this be executed in the space for our patients. And from P CRS, and medicines, to nutrition plans you name it, and many people will roll their eyes, patience who I see they get access to me, they call in they say I know you mentioned X Y or Z products, I found this new product heavy chick without? They do follow-up with questions and I find it in higher success rate when they know that they have a failsafe when they need it.

I have yet to have patient's abuse that privilege once again, I have your access to me, based on performance medicine but not on acute medicine. This is what I had mentioned once again, not endorsed by the DOT, of the US government, there are tons of resources out of their in this they think it is too hard to do. I will tell you having worked in Georgia for one year prior to going active duty gave me pause, there are things like cookbooks, largely plant blaze because they are so much cheaper options for buying in bulk than any other source. They create cookbooks and eating plan place for four dollars a day. As mentioned -- Plant based food for 4 dollars a day.

Actually the resources that I share at every visit with my patients is this plant based nutrition, you can google this, and even another little hack, help them to get something tangible in their hands having a cookbook, literally saying here are simple books, you have the power to do a new recipe, really affects their execution. It offers an investment, simple solutions the next deck, is building motivation. How do you help them figure out and harnessed their "Why"? Qualify your changes and quantify them, I teach people to use real numbers I can do much without real numbers too, put numbers into your assessments and changes over time, be objective with respect to 50% over the last two weeks, moving over to the right what I recommend the flip phone for every clinic visit is journaling. I let patients track over time, if they find smarter options like swapping out the bread for the Wonder Bread, things of that nature come things that they don't like. Really anything that is going to help them conceptualize that their efforts are paying off, they are seeing return on the investment, and ROIs, that is a big point here. I told them use your cell phone, whatever, take pictures of your meal. I have had patients share their lunch and dinner with me, it's great and fantastic, I love showcasing that stuff with you.

Helping conceptualize over a month. Printout an entire month of the calendar top right corner choose the metric you want to measure, rank out of 10. Today I felt for out of 10 for energy, today I decided 30 to 40 grams of fiber as well. You will see progression over time they make just see that go up with how that changes over time putting it on the fridge or bathroom mirror to the trend happening. Conceptualizing overtime. It's easy for cornered swear for the different four corners of the square per week, and energized sleep capacity mental clarity, things of that nature, go for asked them what they want, and give them the example too, man of the hour, he who has AYA to live can bear almost any how. A highly influential book in my adoption of the approach to medicine and implementation and patient care myself.

Relying on the supportive environment is the final I would say here. The dialogue does not stop when the clinic visit has ended. This is where we like to integrate and find those resource outlets for our patients to maintain and sustain that changed approach over time implantation sustainment overtime, they are excited and comfortable, they get more out of participating in not normal clinic hours. I save little files on my phone to share, here is what I found at Costco, here things of that nature, I won't ask you right away, and I will get back to them as soon as possible. Shifting to the stick care. And the Schtick, you are an activated patient, you get to drive and where you want to land on that, as a result let me know keep me updated, and there is a lot to come back to see how they are controlling their own nature. It might seem weird to reach out to me on weekends and evenings, I'm here once again, another quote, Frank Zappa. Without devastation from the norm progress is not possible. Tell them what you expect I expect you to reach out to me. I'm a realist about returning texture calls and you know ask and encourage, ask a question help them to conceptualize how they can share cool new products, or when they have a success story, or a new recipe that was fantastic and they would enjoy it.

Continuing on this is my favorite part. This has a lot to do with normalizing this different flavor of medicines at all turned, what I've done in 2017, the photograph was of Attorney General Hogg, and myself, they were done in the front of the Hall of Fame, this is what it means, of course ask for content. If they want to consent to participate, with pain control, or diabetes, or reversal, or normalization of cholesterol, or coming off of your blood pressure medication, people want to see your success. People will walk through this hallway and recognize their instructor, or their AOC, or the friend, and say whoa I had no idea X Y or Z was on this bandwagon too. So, we foster that, I give people the options come you can give me your headshot, whatever photo works. We put them on the wall and we capture the percentage of change in what they changed in their cholesterol panel for example, what has changed on 10 milligrams of Lipitor, or Zocor, and you prove to your patients and these people are truly been the ones to affect their own health and sustainably so.

Once again, we capture weight drop, pain changes over time, but diabetes, all the Chronicle diseases reversal, side effects positive side effects and outcomes. This overtime. Of course, only for patient permission, everybody blesses everything on the wall ahead of time, I document that is well and the patient record, and I have a release form have patient sign as well. It's really cool people say oh my goodness, it's X Y or Z, and now I can talk to them about it. This goes to the cadet level all the way from 06 is an above the stars in the leadership positions, the ones I've been grateful for. This is OVP I think. Very good. Brittany -- Brown, maybe stories are just data with the sole, this is how we will conclude this diet and the slide deck with Colonel Paul Kucharek's story.

He came into my office, and you see time again neck injuries, had tripled the DDD, and very little change, increase in pains and bilateral upper stories, he came in and saw me for his first consultation, and we talked about food choice changes, and what we can do supplemental why to augment that, and the digging into what he wanted change for. He had four children and he wants to be active and happy with them. People don't think of the motivating factors why it would be worth it to invest in your how come you can also invest in kids health, you won't be slowing down, deprived of life and you can't hardly do anything in your life. Once again distilling that, "Why" for our patients. What he decided to do after we sat down, this was a new flavor of patient treatment to him, he decided to go with the all or something approach, the majority of food changes consisted of limiting meat intake, and he introduced animal protein, and weight was drastically decreased, and he ate wild game and started to pace this with tumor, and impactful over time. This was his report in just two weeks after his treatment approach he was a little fabric lasted, and he didn't know if it was an effect or really the fact that it was something as simple as dialing in fiber intake and the tumor. Add black pepper to how he was cooking, and the turmeric. And the point of the exercise to prove to himself that he had this over time to maintain. True to form, he had neck surgery one year later to help with his bilateral upper extremities.

The improvement in my pain pre-and post-change was a blessing, and I cannot thank Dr. Stiegmann enough for taking time to discuss these diet



changes with me and sending me some resources that I and the rest of my family could use to improve our overall health. I would like to finish the thought by saying, it really does impact us, we eat food three times per day, and you should start reframing how we think about food and how we integrate it into our health profile, and it will truly make or break how we exist.

This picture says it all. Pay the farmer now or pay big Pharma later. Think of it as an expense, not an expense but an investment. This will mean nothing to you unless you try it on yourself or make a recommendation on your payment in your patients to tread as well. Be your own test pilot, once again we will close with Maya Angelo, to the best you can until you know better and then when you know better do better.

This is the CLM military site. They offer fantastic discounts for members interested and attending the conference or becoming members themselves, and just a couple more slides here. This is the shared PDF in your file section, and we look at chronic pain listed, and this is a heavy hitter ticket item, and the hexagon handout is available as well. It is a link to a fantastic VA document, and the VA operates health initiative rather, and this is basically where I find this on the VA house side. They use this interdisciplinary module, and this definitely is worth checking out as well, University of Wisconsin has the fantastic handout as well that we actually use in the Walter Reed pain clinic. Feel free to reach out to me if you have questions or you're interested in setting this up in your own clinic, or you are interested on your service side of the house, and how do I have this in the Army or the Marine, I'm happy to fill that. I have an Instagram showcasing food, it is pretty fun. That being said, that is the conclusion, and I will take a couple of questions in the chat box.

All right fantastic. The question that we have first are there any side effects to turmeric? From the standpoint of the capacity of typically think of anti-inflammatory drugs, the side effect profile for the turmeric supplement is a fraction of the cardiovascular side effects, and it does have little to none, side effects from turmeric supplementation. I just pulled up some handful of efficacy of turmeric extract for humans. Eliminating joint and arthritis symptoms. It is really patient specific.

I try to avoid the idea of going back to the pillow solution, how do you work this turmeric into your food or a smoothie, that would not typically change the taste too much if you are heating it, providing black pepper, you will get your bang to the buck with observability. Way farther side effects when compared to something like chronic and said use for example, that is a great question thank you for asking that. Any other questions?

Once again, I encourage everyone get familiar with the different flavor of medicine. This is one of the most exciting and engaging fields of medicine I have found today, I sort of knew that I would be the odd woman out in the medical conventional credit, and it has been worth every bit of it along the way. I love patients coming along, coming alive and

they have been humming along at optimal levels, and they are helped that fire. You figure out how you can continue adding proverbial gasoline to their fire, that is a beautiful thing to appreciate.

Have you had this in class settings? Thank you for asking that, yes we have implementing that, right before COVID hit, I have the opportunity to present to the chaplains group at the Air Force Academy, 30 people in that, well received, and I did a presentation semi-similar, little bit more societally and culturally directed and oriented, little less medical for obvious reasons.

We are integrated shared appointment the mistake, and I like to share medical appointment model, because most of the people the space they have never been here before, and number two Mac, they don't know the questions they are asking. Another participant asking the question about thyroid disease, and an impact for regulation, and plant-based approach for example, holy Toledo they weren't thinking about how they could integrate their family members too, I really take that approach to life tile as well. It is a little bit easier one on one, obviously for familiarity, and getting to know your Allied healthcare provider in the space, figuring out in time how to consolidate a bigger bang for your buck, and hitting more on reaching personnel on more in one fell swoop, and how you consolidate 30 hours of patient time into models, and how to scale that up. I will they to the tune of the lifestyles of performance lifestyle clinics, we have branched out in January 2020 we had the second performance lifestyle clinic at the Patterson Air Force Base spearheaded by the leadership and one of my colleagues. Lieutenant is helping to leave that and the third in the finalization stages at the trouble Air Force Base, and there are little talks as well, I want to normalize and streamline make sure that everybody is on the same page delivering the messages on the same space, and we will start to build that with this through the federalized headquarter working group. Another question?

If we wanted to start a group class what steps would you recommend to make that happen?

I will tell you once again power in numbers that this point, reach out to healthcare integrators, and dietitians, fellow Allied healthcare providers who are interested in doing this stuff, and once again don't reinvent the wheel. Customizer spokes, we have X week course being built by the team, and I know a handful of leaderships in a variety of different platforms, Lieutenant Colonel Howard, and Benson, both nutritionists and dietitians have built their own classes as well, and really it's just getting in contact with them to help get a foundational component slide deck, and adapting it to your own personnel, and finding out how you can forge forward in that space as well.

Great questions thank you for those.

All right.

Like I said, I know you probably have questions moving forward, I do want to say if you have any interest in either considering how you can contribute to the continued progression or evolution of lifestyle

medicine and performance medicine within the military itself, or under any branch even as it Allied military structure or institute, don't hesitate to reach out my email is there and I am on LinkedIn and also on global. I am also finding a way to hit critical mass, and I can't kid you not, so much traction that we are gaining, and two big leadership to show them it is worth investing in, and making moves on it so I appreciate wholeheartedly your attendance today, and perhaps it has stirred up or stirred into you a desire to investigate a different approach to patient care, without any further questions, I will hand it back over to the team.

Thank you so much. I also have put in a little instruction if you're having problems downloading any of those documents, please download the documents and the sign in sheet. Thank you very much Dr. Stiegmann.

Thank you all take care. >> [Event Concluded]