

HANDS-ON SLEEP & TMD RESIDENCY

In Office, Clinical Program for the Treatment of Sleep Disorders, OSA & TMD



Participate in LIVE patient care with Dr. Steven Olmos & his staff.

Learn:

the essential steps through real patient, practical application for successful Dx and Tx planning in a time efficient manner.

- ◆ Patient Clinical Examinations, Records, Delivery & Eval
- ◆ How to Triage and Sequence Care
- ◆ Interpret X-rays and Data
- ◆ Develop Treatment Plan
- ◆ Prescribe and Direct Care
- ◆ Physical Modalities - Laser Therapy, Injections, ETPS
- ◆ ENT / PSG Referrals
- ◆ Reaching MMI
- ◆ OAT for OSA
- ◆ Patient Communications, Case Presentations & Medical Billing

UPDATED & CURRENT!
Philosophies ◆ Protocols ◆ Techniques
For successful delivery of patient care!

SESSION 1
May 29-30, 2015

SESSION 4
August 28-29, 2015

SESSION 2
June 26-27, 2015

SESSION 5
September 25-26, 2015

SESSION 3
July 24-25, 2015

SESSION 6
October 23-24, 2015



Directed by International Educator, Dr. Steven Olmos, D.D.S.

Founder, TMJ & Sleep Therapy Centres International

Diplomate, American Board of Craniofacial Pain Dental Sleep Medicine

Diplomate, American Board of Dental Sleep Medicine

Diplomate, American Board of Craniofacial Pain

Diplomate, American Academy of Pain Management

FAAOP, FAACP, FICCMO, FADI, FIAO

LOCATION:

TMJ & Sleep Therapy Centre
of San Diego

REGISTRATION:

877.865.4325 / 619.462.0676

E-mail: Education@TMJTherapyCentre.com

www.TMJTherapyCentre.com



**TMJ & Sleep
Therapy Research**

COURSE FEE:
DOCTOR: \$2,195 Per Session
STAFF: \$750

96 HOURS LECTURE & PARTICIPATION
CONTINUING EDUCATION



Approved PACE Program Provider
FAGD/MAGD Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 6/1/14 to 5/31/18.
Provider ID#: 305666

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Course/Program: **Hands& On Sleep & TMD Residency – San Diego, CA**

Doctor's Name: _____
(Please print)

Staff Member's Name: _____
(Please print)

Address: _____

City/State/Zip/Country: _____

Phone: _____ Doctor Cell Phone: _____

Email: _____ Fax: _____

Billing Options (Please select one):

____ Please register me for the above course. I would like to make 6 payment installments.
Payments for each session are due 30 days prior to each session.

____ I would like to take advantage of a \$500 **pay-in-full discount** at time of registration.

<p>Doctor Course Fee\$ 13,170.00</p> <p>Staff Course Fee\$ _____</p> <p>Net Total\$ _____</p> <p>Payment in Full Discount\$ _____ (<i>\$500 pay-in-full discount applies at time of registration</i>)</p> <p>Grand Total\$ _____</p>	<p>TERMS AND CONDITIONS OF THIS AGREEMENT</p> <p>The terms of this agreement are for six (6) sessions. The Hands-On & TMD Residency consists of six, two-day monthly sessions (12 full days/96 CE). Tuition for each 2-day session is \$2,195.00 USD and is due 30 days prior to the start of each session. Session 1 tuition is considered a deposit and is due at time of enrollment. Total tuition due for the program is \$13,170.00 USD. Per this agreement, session tuition is due whether you are able to attend or not. Program graduation requires attendance at five sessions. Make up sessions are available at future programs at no additional cost. Due to limited enrollment available for this course, cancellations and/or refunds will not be accepted unless received 90 days prior to Session 1. I hereby acknowledge & agree</p> <p>Signature: _____ Date: _____</p>
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Payment Method (Please select one): Credit Card: ___ Visa ___ MasterCard

Card Number _____ Expiration Date _____

Signature: _____ Approved by: _____

Please Fax Completed Registration Form to: 619.469.4524

Phone: 877.865.4325 / 619.462.0676 • Email: Education@TMJTherapyCentre.com
www.TMJTherapyCentre.com • 16 Hours Lecture & Participation CE per Session



**TMJ & Sleep
Therapy Research**

Developing New Dimensions in Dentistry



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