



SLEEP APNEA IN CHILDREN CAN BE CURED!

The American Association of Pediatrics "Practice Parameters" recently stated that all children should be screened for snoring because of the 70% overlap of snoring and sleep apnea. The numbers are staggering!

Come learn from the experts in interdisciplinary pediatric treatment

Certificate of Attendance from



32 Hours of Sleep CE



Featured Presentations by the Leaders!

Dr. Steven Olmos
Dr. German Ramirez
Dr. Judith Owens
Dr. Ed Lipskis
Dr. Robert Schoumacher
Dr. Mark Corkins
Dr. Alison Hazelbaker
and more...

Dates:

Session 1 February 12-13, 2016

Session 2 March 11-12, 2016

Location:

University of Tennessee
Health Sciences Centre
College of Dentistry
Memphis, TN

This 2 Session Program Includes:

- ◆ Diagnosis
- ◆ Treatment Planning
- ◆ Working with ENT/Sleep Physician
- ◆ Screening and Validation
- ◆ Phonetic Bite
- ◆ Nutrition
- ◆ Expansion
- ◆ Managing Vertical
- ◆ Cant Correction
- ◆ Adjunct Therapies
- ◆ Managing Nasal Breathing
- ◆ Myofunctional Therapy and more...



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

Founder, TMJ & Sleep Therapy Centres International
Diplomate, American Board of Craniofacial 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

**Register
Today!**

www.tmjtherapycentre.com

Or speak directly with our
Education Coordinator

877.865.4325 / 619.462.0676



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



Join our International Family of Centres! For more information please contact:

T&S Therapy Centre International - 877.865.4325 / 619.462.0676 - education@tmjtherapycentre.com - tmjtherapycentre.com



T&S Therapy Centre INTERNATIONAL

2016 Pediatric OSA Course Registration Fax to (226) 780-0814

Doctor Name: _____

Staff Name(s): _____

Address: _____

Province/State: _____ Country: _____ Postal/Zip Code: _____

Email: _____

Cell Phone: _____ Office Phone: _____

☐ Pedo OSA Session 1 February 12-13, 2016 ☐ Pedo OSA Session 2 March 11-12, 2016

Doctor Course Fee \$2195 per session Staff Course Fee \$950 per session Private Practitioner Non-Dentist \$1695

PROGRAM FEES

Doctor \$2195 x _____ sessions \$ _____

Staff Registration \$950 x _____ Staff x _____ Sessions \$ _____

Private Practitioner \$1695 x _____ sessions \$ _____

TOTAL COURSE FEE \$ _____

☐ I would like to pay per session

☐ I would like to pay in full for both sessions listed above and save \$250 on doctor registration

SCHEDULE OF PAYMENTS

INITIAL PAYMENT - \$ _____ **Due at Registration**

Full Payment Discount (Save \$250) - \$ _____ **Registration to 2 Sessions Above**

BALANCE DUE \$ _____

PAYMENTS

By signing below, I agree to the following terms: I, the above named, agree to pay T&S Therapy Centre International for the above program. I agree to pay the fee in full as outlined above and understand that all fees are payable in US dollars. I also authorize T&S Therapy Centre International to automatically charge my credit card for the initial payment upon receipt of registration and the balance 30 days prior to the commencement of each session. To take advantage of the full payment discount, I authorize a one-time charge of the entire amount of my registration for the **2 Session Pedo OSA Course**.

PLEASE CHOOSE ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Name on Card _____

Card Number _____ Exp Date _____ / _____ Billing Zip Code: _____

Cancellation Policy: Cancellations can be made in writing (emails accepted) up to 30 days prior to the start of the program and will be refunded in full less 10% of the fees collected. We are unable to offer refunds within 30 days of a session, or after course materials have been received, due to non-refundable commitments. In the event that you cannot attend a session, arrangements can be made to have you attend the missed session at a later date. In the unlikely event that T&S Therapy Centre International cancels this program all paid registration fees will be refunded in full within 21 days following the scheduled date of the event. Please initial here to confirm that you have read and agree to the cancellation policy. _____

I understand, accept and acknowledge that this agreement made this _____ day of _____, 2016 to be in effect and binding as of said date of signing.

Print Name _____ **Signature** _____

For Office Use Only	Processed by:	Payment Date(s):
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