

MOTOR NERVE REFLEX TESTING

A Hands-On Program For Finding Structural Injury

Certificate of Attendance from



16 Hours of Lecture & Participation CE



**THE MOST
IMPORTANT
COURSE YOU WILL EVER TAKE
TO IMPROVE YOUR
DIAGNOSTIC
SKILLS!**

Course Objectives

- ◆ Learn how to treat cause instead of chasing symptoms
- ◆ Learn a reproducible SYSTEM for screening and triaging of structural injuries
- ◆ Learn how to identify and handle dual primary problems
- ◆ Know when to refer and who to refer to
- ◆ Learn how being the director of patient care gets you results in treatment
- ◆ Learn what to do when the patient is still symptomatic.
- ◆ Understand the difference between Neural Reflex Testing and Kinesiology (Muscle) Testing and when to use one over the other

Course Includes:

- ◆ 2 Full Days of Lecture & Hands-On Instruction
- ◆ Instructional DVD, Step-by-Step Manual & Protocol Flowcharts

Dates & Location:

June 18-19, 2017

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

Preferred Hotel

The Westin Memphis Beale Street
170 Lt. George W Lee Ave, Memphis, TN 38103

Contact Hotel directly for reservations

(901) 334-5900

*Special block rates available
(Closes 30 days before start of session)*



**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

Testimonials

"We have implemented Dr. Olmos' TMD/Sleep and Ortho protocols. This approach has considerably raised the precision of our diagnosis, the speed of treatment and has consistently produced predictable resolution of our patient's conditions. Implementing Dr. Olmos' protocols has elevated our good track record to great."

- Joseph Baba, DDS, Wichita, KS

Register Today!

**DUE TO THE HANDS-ON NATURE OF
THIS COURSE, SPACE IS LIMITED!**

www.tmjtherapycentre.com

Or speak directly with our Education Administrator

877.865.4325 / 619.462.0676



Dental
Alignment
Systems™



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

2017 MOTOR NERVE REFLEX TESTING COURSE REGISTRATION

Fax 619-469-4524 | Email education@tmjtherapycentre.com

Doctor Name(s): _____

Staff Name(s): _____

Address: _____ City: _____

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

Email: _____

Cell Phone: _____ Office Phone: _____

☐ **MOTOR NERVE REFLEX TESTING June 18-19,2017**

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

Doctor Fee \$2195 x _____ \$ _____

Private Practitioner Fee \$1695 x _____ \$ _____

Staff Fee \$950 x _____ Staff \$ _____

TOTAL COURSE FEE \$ _____

FOR OFFICE USE ONLY

\$ _____

\$ _____

\$ _____

\$ _____

PAYMENTS

By signing below, I agree to the following terms: I, the above named, agree to pay T&S Therapy Centre International the full fee as outlined above for the listed course. I understand that T & S International is a United States based company and that all fees are payable in US dollars. If your payment is made in a currency other than USD, the current exchange rate will be applied for each payment. I also understand that if paid in a different currency then a foreign exchange fee may be applied by my merchant and that T & S International is not responsible for that fee.

Please Select One Option:

☐ I authorize a one time charge on my credit card for the entire amount for my registration of the **Motor Nerve Reflex Testing Course**

PLEASE CHOOSE: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Name on Card: _____

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

Cancellation Policy: All refunds will be issued via USD check from our corporate office, regardless of how payment was made. 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 due to non-refundable commitments. In the event that you cannot attend a session, arrangements can be made to 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 _____, 2017 to be in effect and binding as of said date of signing.

Print Name: _____ Signature: _____

Referred by: _____

FOR OFFICE USE ONLY

Invoice # _____

Sales Order # _____

PIF# _____