

# ADJUNCT MINI-RESIDENCY SLEEP-RELATED BREATHING DISORDERS & CRANIOFACIAL PAIN

For Adults & Children

## 16 Hours Lecture & Participation CE



"My diagnosis and treatment focus has changed dramatically over the last few years to a more simple, conservative delivery with greater efficacy.

This course is perfect for those that have been introduced to my treatment protocols from previous courses and those that are new and want a condensed overview of the state of the art diagnosis, treatment of chronic face, jaw, neck pain and sleep breathing disorders for adults & children.

- Overview and Triage
- ◆ CBCT Interpretation
- Sleep Breathing Disorders
- ◆ Pedo OSA
- ◆ Phonetic Bite
- ◆ New Pain and Sleep Appliances
- Steven Olmos DDS, T & S Therapy Centre International Founder & CEO
- ◆ Adjunct Therapies (Nasal Sprays, Nose Cones)

Supplementary manual and treatment forms.

◆Myobrace and Aqualizer Indications

Course Includes:

January 19-20, 2018

**Toronto Airport Westin** 

Dates:

Location:

Toronto, ON

♦ New Patient Demonstration (Exam, JVA, Laser Demo)



### **Directed by International Educator** 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, Academy of Integrative Pain Management FAAOP, FAACP, FICCMO, FADI, FIAO

I can help far more patients if I share and teach other professionals what I have learned and tested ... "

> - Steven Olmos DDS T & S Therapy Centre International Founder & CEO

















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



## **Register Today!**

950 Dixon Road Toronto, ON M9W 5N4 Canada

www.tmjtherapycentre.com Or speak directly with our Education Administrator 877.865.4325 / 619.462.0676





### 2018 ADJUNCT MINI-RESIDENCY COURSE REGISTRATION

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

Doctor Name(s):						
Staff Name(s):						
Address:				С	ity:	
Province/State:		Postal/Zip	Code:	Coun	try:	
Email:						
Cell Phone:		Office F	hone:			
	□ ADJ	UNCT MINI RES	SIDENCY	January 19-20, 2	2018	
<ul><li>Doctor Course Fee \$2195 per so</li></ul>	ession 🔷 Priv	rate Practitioner No	n-Dentist I	Gee \$1695 per session	♦ Staff Course Fee \$950 per session	
D. d. F. d. \$2105	Carata		ф		FOR OFFICE USE ONLY	
Doctor Fee \$2195 x			\$ ¢		\$	
Private Practitioner Fee \$16			\$		\$	
Staff Fee \$950 xStaff	xSes	sions	\$		\$	
TOTAL COURSE FEE			\$		\$	
Please Select One Option:  I authorize a one time charge Residency Course.	ge on my cred	it card for the enti	ire amoun	t for my registration	n of the <b>ADJUNCT Mini</b>	
PLEASE CHOOSE:	VISA	□ MASTERCA	RD	$\Box$ DISCOVER	□ AMERICAN EXPRESS	
Name on Card:						
Card Number:			Exp	Date:	Billing Zip Code:	
made in writing (emails accepted) up t offer refunds within 30 days of a sess	o 30 days prior to sion due to non- date. In the unliving the schedule	to the start of the prog refundable commitme likely event that T&S ed date of the event.	gram and wil ents. In the e Therapy Cen	l be refunded in full lessevent that you cannot a tre International cancel	w payment was made. Cancellations can be s 10% of the fees collected. We are unable to ttend a session, arrangements can be made s this program all paid registration fees will	
I understand, accept and acknowledge t	hat this agreeme	nt made thisd	ay of	, 2018 to be in	n effect and binding as of said date of signing.	
Print Name:		Signature:				
Referred by:						
		FOR OFFICE USE ONLY				
Invoice #		Sales Order #			PIF#	