

# MOTOR NERVE REFLEX TESTING

A Hands-On Program For Finding Structural Injury

**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:

**January 21-22, 2018  
Toronto, ON**

Toronto Airport Westin  
950 Dixon Road Toronto, ON M9W 5N4 Canada

**Register Today!**

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

[www.tmjtherapycentre.com](http://www.tmjtherapycentre.com)

Or speak directly with our Education Administrator  
**877.865.4325 / 619.462.0676**



**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

## 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



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](mailto:education@tmjtherapycentre.com) - [tmjtherapycentre.com](http://tmjtherapycentre.com)



2018 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 January 21-22, 2018

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

			FOR OFFICE USE ONLY
Doctor Fee \$2195 x _____	\$ _____		\$ _____
Private Practitioner Fee \$1695 x _____	\$ _____		\$ _____
Staff Fee \$950 x _____ Staff	\$ _____		\$ _____
<b>TOTAL COURSE FEE</b>	<b>\$ _____</b>		<b>\$ _____</b>

**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 \_\_\_\_\_, 2018 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# _____
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