

Individual Instruction & Hands-On Training



YOU WILL LEARN

The essential steps through practical application in this 6 session (12 day) in office program

- ◆ Concepts of 3D Position Correction
- ◆ Cant Correction - Identification and Determination
- ◆ Types of Orthodontics: Passive Ligation vs Twin Brackets
- ◆ Developing a Treatment Plan
- ◆ Airway: Its Role and How it Influences Treatment

- ◆ Removable Appliances vs Fixed
- ◆ TADs- Their Use and How to Bracket
- ◆ Handling the Symptomatic Episodes
- ◆ Class II Cases, Do They Exist as Phase II TMD Cases
- ◆ Case Finishing - Integrating Ideal Orthodontic Principles with Phase II/TMD Cases



Directed by Edmund Lipskis, D.D.S. MS
Diplomate American Board of Craniofacial Pain
Diplomate American Board of Craniofacial Dental Sleep
Medicine Diplomate Academy of Clinical Sleep Disorders
Fellow American Academy of Craniofacial Pain
Fellow American Academy of Functional Orthodontics
Fellow International Association for Orthodontics

Dates:
Session 1
May 18-19, 2018

Session 2
June 8-9, 2018

Session 3
July 13-14, 2018

Session 4
August 17-18, 2018

Session 5
September 14-15, 2018

Session 6
October 12-13, 2018

Location: St. Charles, IL

Testimonials

"Having taken many orthodontic courses and incorporated both TMD treatment and Orthodontics in my practice for many years I was looking for an ortho course that would help me connect the dots. Dr. Lipskis' course has it all. For both the advanced practitioner that wants to step up or the practitioner who is trying to put it all together with or without a TMD practice. The atmosphere, smaller more intimate class size and the hands-on in clinic sessions are simply fabulous. I highly recommend this course!"

-Dr. Bradley Oldfin, Ontario, Canada



Due to the hands-on nature of this course, space is limited!

Register Today!

www.tmjtherapycentre.com

Or speak directly with our Education Administrator

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



C.E. Hours apply to IAO Tier Advancement



2018 HANDS-ON PHASE II ORTHODONTICS 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: _____

- | | |
|---|---|
| <input type="checkbox"/> PHASE II ORTHO Session 1 May 18-19, 2018 | <input type="checkbox"/> PHASE II ORTHO Session 2 June 8-9, 2018 |
| <input type="checkbox"/> PHASE II ORTHO Session 3 July 13-14, 2018 | <input type="checkbox"/> PHASE II ORTHO Session 4 August 17-18, 2018 |
| <input type="checkbox"/> PHASE II ORTHO Session 5 September 14-15, 2018 | <input type="checkbox"/> PHASE II ORTHO Session 6 October 12-13, 2018 |

◆ Doctor Course Fee \$2195 per session

◆ Staff Course Fee \$950 per session

FOR OFFICE USE ONLY

Doctor Fee \$2195 x _____ Sessions \$ _____

Staff Fee \$950 x _____ Staff x _____ Sessions \$ _____

TOTAL COURSE FEE \$ _____

\$ _____
\$ _____
\$ _____

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 my credit card to be charged the first sessions fee upon receipt of registration form. Subsequent payments will be due 30 days in advance of course.
- I authorize a one time charge on my credit card for the entire amount for my registration of the **6 Sessions of the Hands-On Phase II Orthodontics 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: _____

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Invoice # _____	Sales Order # _____	PIF# _____
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