

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

For Adults & Children

14 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.

- Steven Olmos DDS, T & S Therapy Centre International Founder & CEO
 - ◆Myobrace and Aqualizer Indications ◆ Phonetic Bite ◆ Adjunct Therapies (Nasal Sprays, Nose Cones)
 - ◆ New Patient Demonstration (Exam, JVA, Laser Demo)

- Overview and Triage
- ◆ CBCT Interpretation
- Sleep Breathing Disorders
- ◆ Pedo OSA
- ◆ New Pain and Sleep Appliances

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

66 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

EATURING



















Course Includes:

Supplementary manual and treatment forms.

Dates:

January 19-20, 2018

Location:

Toronto, ON

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

Register Today!

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



Approved PACE Program Provider 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.





2018 ADJUNCT MINI-RESIDENCY COURSE REGISTRATION

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

Doctor Name(s):				
Staff Name(s):				
Address:			City	7:
Province/State:	Postal/Zi	p Code:	Country	y:
Email:				
Cell Phone:	Office	Phone:		
	ADJUNCT MINI RE	ESIDENCY Jar	nuary 19-20, 20	18
 Doctor Course Fee \$2195 per session 	Private Practitioner N	lon-Dentist Fee \$	\$1695 per session	Staff Course Fee \$950 per session
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Doctor Fee \$2195 x S		Φ		\$
Private Practitioner Fee \$1695 x _		ф		\$
Staff Fee \$950 xStaff x	Sessions	\$		\$
TOTAL COURSE FEE		\$		\$
Please Select One Option: ☐ I authorize a one time charge on management Residency Course.	ny credit card for the en	tire amount for	my registration o	f the ADJUNCT Mini
PLEASE CHOOSE: □ VISA	□ MASTERC.	ARD □	DISCOVER	□ AMERICAN EXPRESS
Name on Card:				
Card Number:		Exp Dat	te:	Billing Zip Code:
Cancellation Policy: All refunds will be issumade in writing (emails accepted) up to 30 day offer refunds within 30 days of a session due to attend the missed session at a later date. In be refunded in full within 21 days following the Please initial here to confirm that you have read	rs prior to the start of the pr to non-refundable commitr the unlikely event that T& scheduled date of the event.	ogram and will be nents. In the event S Therapy Centre I	refunded in full less 1 that you cannot atte nternational cancels t	0% of the fees collected. We are unable to nd a session, arrangements can be made
I understand, accept and acknowledge that this	agreement made this	day of	, 2018 to be in ef	fect and binding as of said date of signing.
Print Name:		Signature:		
Referred by:				
	FOR OFFICE USE ONLY			
Invoice #	Sales Order #		PIF#	