# **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, TMJ & Sleep Therapy Centre International Founder & CEO

- ◆ Overview and Triage
- ◆ CBCT Interpretation
- ◆ Sleep Breathing Disorders
- ◆ Pedo OSA
- ◆ Phonetic Bite
- ◆ New Pain and Sleep Appliances
- ◆Myobrace and Aqualizer Indications
- ◆ Adjunct Therapies (Nasal Sprays, Nose Cones)
- ◆ 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 TMJ & Sleep Therapy Centre International Founder & CEO

### **FEATURING**



















#### **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 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 61/1/14 to 5/31/18. Provider ID8:





## 2018 ADJUNCT MINI-RESIDENCY COURSE REGISTRATION

 $Fax\ 619\text{-}469\text{-}4524\ |\ Email\ education@tmjtherapycentre.com$ 

Doctor Name(s):				
Staff Name(s):				
Address:			City:	
Province/State:	Postal/Z	Zip Code:	Country:	
Email:				
Cell Phone:	Offic	e Phone:		
	ADJUNCT MINI I	RESIDENCY Janua	ry 19-20, 2018	
<ul> <li>Doctor Course Fee \$2195 per session</li> </ul>	•	•		taff Course Fee \$950 ner session
Ductor course ree \$2175 per session	III 🔷 FIIVUUE I IUCUUONEI	NUIT-DEHLIST FEE \$107	os per session 🔷 si	FOR OFFICE USE ONLY
Doctor Fee \$2195 x	Sessions	\$		\$
Private Practitioner Fee \$1695		\$		\$
Staff Fee \$950 xStaff x_		\$		\$
				•
TOTAL COURSE FEE		\$		\$
be applied by my merchant and that T & S In  Please Select One Option:  ☐ I authorize a one time charge o  Residency Course.	·		registration of th	e <b>ADJUNCT Mini</b>
PLEASE CHOOSE:	ISA □ MASTER	CARD □ DI	SCOVER	□ AMERICAN EXPRESS
Name on Card:				
Card Number:		Exp Date:	Bi	illing Zip Code:
Cancellation Policy: All refunds will be made in writing (emails accepted) up to 30 offer refunds within 30 days of a session to attend the missed session at a later date be refunded in full within 21 days following Please initial here to confirm that you have	days prior to the start of the due to non-refundable comme. In the unlikely event that T the scheduled date of the even	program and will be refur itments. In the event tha &S Therapy Centre Inter t.	nded in full less 10% o t you cannot attend a	of the fees collected. We are unable a session, arrangements can be ma
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:		Signa	ture:	
Referred by:		3.8		
	FOR (	OFFICE USE ONLY		
Invoice #	Sales Order #		PIF#	