



SLEEP-RELATED BREATHING DISORDERS & CRANIOFACIAL PAIN

For Adults & Children - A System for Dx and Tx Mini-Residency



42 Hours Lecture & Participation CE

Session 1

- ◆ Screening SBD, Sleep Disordered Breathing, OSA, Craniofacial Pain
- ◆ How to Find CR
- ◆ Imaging: CBCT, MRI Interpretation (*Your Cases*)
- ◆ Electrodiagnostics: JVA
- ◆ Motor Nerve Reflex Evaluation (*Neural and Orthopedic Screening*)
- ◆ Anatomy Head and Neck
- ◆ Airway and TMJ Neuroanatomy
- ◆ Diagnosis and Treatment Planning

Session 2

- ◆ Sleep Disorders
- ◆ Triage of Sleep Appliance Therapy
- ◆ Headaches
- ◆ Recapturing Discs
- ◆ Orthotic Design & Indications
- ◆ Pharmacology

Session 3

- ◆ Sleep Disorders that Cause TMJ Pain
- ◆ Neuropathic Disorders
- ◆ Typical and Atypical Neuralgias
- ◆ Musculoskeletal Pain
- ◆ Physical Medicine Modalities
- ◆ Orthodontic/Orthopedic, Removable and fixed prosthodontics treatment for facial/jaw pain and breathing disorders
- ◆ Nutrition
- ◆ Pediatric OSA (*Treatment Options*)
- ◆ Myofunctional Therapies and Myobrace



**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

"You will leave this course prepared to treat TMD and Sleep Disordered Breathing at a level you didn't even know existed. No other CE program has delivered results like this one. Dr. Olmos' researched/evidenced based systems added \$1,000,000 of production to our practice within 12 months. This will be the best investment you've ever made in your practice"

- Dr. Daniel Klauer, South Bend, IN

"Within the first 10 minutes of Dr Olmos' lecture, I saw this system as the missing link for me. I have always tried to look for the root causes of things in dentistry, and have been frustrated by really high quality work that still has a chance to fail. It was like a light bulb turned on and I realized what I have been missing."

-Dr. John Imm, Columbus, OH

Course Includes:

Comprehensive 3 session manuals, all forms & documentation (patient intake, clinical exam, tracking) are supplied to successfully treat patients.

Dates:

Session 1 September 14-15, 2018

Session 2 October 12-13, 2018

Session 3 November 16-17, 2018

Location: Orlando World Center Marriott

Preferred Hotel

Orlando World Center Marriott
8701 World Center Dr. Orlando, FL 32821
1 (800) 228-9290

**Limited number of rooms at a
Special Rate BOOK EARLY!**

(Special block rates closes 30 days before start of session)
Contact Hotel directly for reservations

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



Join our International Family of Centres! For more information please contact:

TMJ & Sleep Therapy Centre International - 877.865.4325 / 619.462.0676 - education@tmjtherapycentre.com - tmjtherapycentre.com



2018 MINI-RESIDENCY 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: _____

- MINI RESIDENCY Session 1 September 14-15, 2018
- MINI RESIDENCY Session 2 October 12-13, 2018
- MINI RESIDENCY Session 3 November 16-17, 2018

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

Doctor Fee \$2195 x _____ Sessions \$ _____

Private Practitioner Fee \$1695 x _____ Sessions \$ _____

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

TOTAL COURSE FEE \$ _____

FOR OFFICE USE ONLY

\$	_____
\$	_____
\$	_____
\$	_____

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 **3 Sessions of the Mini Residency 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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