



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

Course Includes:
Supplementary manual and treatment forms.

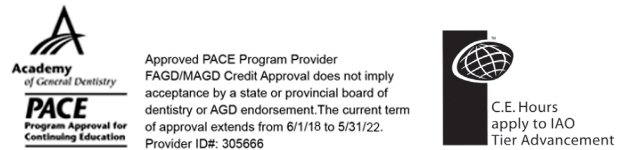
Dates:
February 22-23, 2019

Location:
Toronto, ON
Hilton Toronto
145 Richmond St W, Toronto, ON M5H 2L2, Canada

“ 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

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





2019 ADJUNCT 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: _____

ADJUNCT MINI RESIDENCY February 22-23, 2019

◆ 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 _____ Sessions	\$ _____		\$ _____
Private Practitioner Fee \$1695 x _____ Sessions	\$ _____		\$ _____
Staff Fee \$950 x _____ Staff x _____ Sessions	\$ _____		\$ _____
<u>TOTAL COURSE FEE</u>	\$ _____		\$ _____

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 **ADJUNCT Mini Residency Course**.

PLEASE CHOOSE: **VISA** **MASTERCARD** **DISCOVER** **AMERICAN EXPRESS**

Name on Card: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Card Number: _____ Exp Date: _____ CV2 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 _____, 2019 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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