TMJ & Sleep Therapy Centre
INTERNATIONAL

SLEEP-RELATED BREATHING DISORDERS & CRANIOFACIAL PAIN

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

48 Hours Lecture & Participation CE

" Mini-Residency in SDB/Craniofacial Pain (for adults & children), is a powerful display of new cases, new technologies, live demonstration that cannot be duplicated via video. It must be experienced. This program is a turnkey for implementing a "System" that has been proven all over the world."

– Steven Olmos DDS, TMJ & Sleep Therapy Centre International Founder & CEO

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
FAAOP, FAACP, FICCMO, FADI, FIAO, FACD, FPFA

Testimonials

"The TMJ & Sleep Therapy mini – residency was a game changer for me in how I evaluate and treat my entire patient base. I've always known there was a "blind-spot" in my evaluation and management of bruxers and patients with facial pain. Dr. Olmos' course taught me more than I could ever imagine about chronic pain, airway and breathing concerns and bruxism. Most important, the material learned is supported by an unimaginable amount of researched literature references."

-Ryan L. Skale, DDS – Chicago, IL

"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

Course Includes:

- **3 DIGITAL Manuals.**
- **One Hour Quarterly Follow Up Webinars for Attendees.**
- **All Forms & Documentation are Supplied to Successfully Implement Treatment.**

Dates:

Session 1 September 10-11, 2021
Session 2 October 15-16, 2021
Session 3 November 19-20, 2021

Location: San Diego, CA

Preferred Hotel
Hyatt Regency Mission Bay Spa and Marina
1441 Quivira Road, San Diego, CA 92109
+1 619 224 1234
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

PACE Academy of General Dentistry Program Approval for Continuing Education

T&S THERAPY CENTRE INTERNATIONAL
(Nationally or Locally) Approved PACE Program Provider for FAGD/MAGD credit.
Approval does not imply acceptance by any regulatory authority or AGD endorsement.
6/1/18 to 5/31/22
Provider ID# 305666

C.E. Hours apply to IAO Tier Advancement

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

TMJ & Sleep Therapy Centre
INTERNATIONAL

2021 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 10-11, 2021** ☐ **MINI RESIDENCY Session 2 October 15-16, 2021**

☐ **MINI RESIDENCY Session 3 November 19-20, 2021**

◆ *Dentist Course Fee $2195 per session* ◆ *MD, DO, DC, PT Course Fee $1695 per session* ◆ *Staff Course Fee $950 per session*

		FOR OFFICE USE ONLY
Dentist Fee $2195 x_____Sessions	$_____	$_____
MD, DO, DC, PT Fee $1695 x_____Sessions	$_____	$_____
Staff Fee $950 x_____Staff x_____Sessions	$_____	$_____
DISCOUNT CODE:_____	$_____	$_____
TOTAL COURSE FEE	**$**_____	**$**_____

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 **3 Sessions of the 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 _____, 2021 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# _____