

# 2021 STUDY CLUB

12 CE Credits for the year!

Study Club is Open to All  
Medical and Dental Professionals

● Annual Membership \$1,500 USD

Attended 2020 Spring or Fall Mini-Residency?

Planning on attending 2021 Spring or Fall  
Mini-Residency?

If you attended any of our 2020 Mini-Residencies or  
if you register for the 2021 Spring or Fall Mini-Resi-  
dency, you will qualify to obtain \$300 off of the  
Study Club Annual Membership fee.

Pay ONLY \$1,200 USD  
for the whole year

- Virtual sessions for 2021 will meet the last  
Thursday of the month (*Except November*)
- Real patient case review at each session.
- Each program will present the most current  
literature-based techniques and procedures  
with references to additional reading materials  
to expand your knowledge.
- Unable to attend? No worries each study club  
session will be recorded and available for you  
to watch OnDemand.
- Study Club will have a private Facebook  
Group where you are going to be able to share  
information & ask questions.

CONTACT US FOR  
SPECIAL RATE

education@tmjtherapycentre.com

877.865.4325

www.tmjtherapycentre.com



TMJ & Sleep Therapy Centre  
INTERNATIONAL

**STUDY CLUB STARTS**  
**Thursday, January 28th, 2021**  
(Virtual sessions for 2021 will meet the last Thursday  
of the month, except November)

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- JANUARY:** "Welcome and Introduction" | Dr. Steven Olmos
  - FEBRUARY:** "Anatomy" | Dr. Shab Krish
  - MARCH:** "Screening/Primary Headaches/What to Look for in the  
Mouth" | June Williamson Steed
  - APRIL:** "Diagnosis/Technology/Data Collected" | Dr. Schuyler  
VanDyke
  - MAY:** "Mouth/Night Guards – Why We are Cautious" | Dr. Farshid Ariz
  - JUNE:** "Obstructive Sleep Apnea in Adults" | Dr. Brad Campbell
  - JULY:** "Pediatric Obstructive Sleep Apnea" | Dr. Lynn Lipskis
  - AUGUST:** "Physical Medicine – Tools We Use" | Dr. Kimberly Ann Meyer
  - SEPTEMBER:** "Closed Lock – Temp Solutions" | Dr. Brandon A Brunner
  - OCTOBER:** "Treatment Options/Triage of Pathology" | Dr. Kristina McGuire
  - NOVEMBER:** "Case Submission" | Dr. Charles Ferzli
  - DECEMBER:** "Overview – Get Topic Suggestions for Next Year" |  
Dr. David Shirazi



2021 STUDY CLUB 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: \_\_\_\_\_

2021 Study Club

◆ Annual Fee \$1,500 USD

◆ Centre Referral Fee \$750 USD (Discount Code Needed)

◆ Non-Dentist Fee \$750 USD

Annual Fee \$1,500 x \_\_\_\_\_ \$ \_\_\_\_\_

Non-Dentist Fee \$750 x \_\_\_\_\_ \$ \_\_\_\_\_

DISCOUNT CODE: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL 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 Study Club. 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 Option:

I authorize a one time charge on my credit card for the entire amount for my registration of the 2021 Study Club.

PLEASE CHOOSE:  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CV2 Code: \_\_\_\_\_

**Online Training Cancellation Policy:** There are no refunds for our online training. If you would like to transfer your paid study club registration, transfer of registration can be made in writing (emails accepted) up to 30 days before the start of the online training program, to include the name of the contact person to whom you are transferring the registration.

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: \_\_\_\_\_

FOR OFFICE USE ONLY

Invoice # _____	Sales Order # _____	PIF# _____
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