



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
- ◆ 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

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 April 29-30, 2022
Session 2 May 20-21, 2022
Session 3 June 24-25, 2022

Location: Chicago, IL

Preferred Hotel

Chicago Marriott Downtown Magnificent Mile
540 Michigan Ave, Chicago, IL 60611
(312) 836-0100

**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

Testimonials

"We have implemented Dr. Olmos' TMD/Sleep and Ortho protocols for years now. This approach has considerably raised the precision of our diagnosis, the speed of treatment and has consistently produced predictable resolution of our patient's conditions. Implementing Dr. Olmos' protocols has elevated our good track record to great."

- Dr. Joseph Baba, DDS - Wichita, KS

"I hands down recommend this course to anyone and everyone to help treat your patients better. This is going to drastically change the way I approach my cases and the education I'll be able to give to patients and their parents. The things I've learned here are things I would absolutely never have learned in school or a different residency program."

- Dr. Dave Martin, DMD - Gainesville, FL



Register Today!

www.tmjtherapycentre.com

Or speak directly with our Education Administrator

877.865.4325 / 619.462.0676



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



2022 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 April 29-30, 2022

MINI RESIDENCY Session 2 May 20-21, 2022

MINI RESIDENCY Session 3 June 24-25, 2022

◆ Dentist Course Fee \$2195 per session
*Partner and Associate DDS/DMD

◆ 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 \$ _____

Live Stream Fee \$1098 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

Card Number: _____ Exp Date: _____ CV2 Code: _____

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

Name on Card: _____

Cancellation Policy: All refunds will be issued via USD check from our corporate office, regardless of how payment was made. Cancellations must be made in writing 30 days before the start of the program listed on this registration form 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 _____, 2022 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# _____
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