



TMJ & Sleep Therapy Centre
INTERNATIONAL

2023 SPRING MOTOR NERVE REFLEX TESTING

A Hands-On Program for Finding Structural Injury

16 Hours Lecture & Participation CE



NEW LOCATION

Austin Marriott Downtown
304 East Cesar Chavez Street
Austin, Texas 78701
512-457-1111

DATE

JUNE 25-26, 2023

Contact Hotel directly for reservations.
Limited number of rooms at a special rate.
(Special block rates close 30 days before start of session) **BOOK EARLY!**

COURSE OBJECTIVES

At course completion, attendees will be able to:

- ◆ Treat cause instead of chasing symptoms
- ◆ Use reproducible SYSTEM for screening and triaging of structural injuries
- ◆ Identify and handle dual primary problems
- ◆ Know when to refer and who to refer to
- ◆ Understand the difference between Neural Reflex Testing and Kinesiology (Muscle) Testing and when to use one over the other

"...In my 35 years of treating patients, the most reliable testing I have ever used is without questions, the patient's own neurology! Therefore, Motor Nerve Reflex Testing has been a staple in the diagnosis and treatment of orthopedic problems throughout our medical community...This is the most exciting course I teach! ... I look forward to sharing this diagnostic skill with you."

– Steven Olmos DDS

TMJ & Sleep Therapy Centre International Founder & CEO

COURSE INCLUDES

- ◆ 2 Full Days of Lecture & Hands-On Instruction
- ◆ Instructional Videos & Step-by-Step Manual
- ◆ Protocol Flowcharts

Directed by International Educator



Steven Olmos, DDS

Founder, TMJ & Sleep Therapy Centre 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

REGISTER TODAY!

Visit www.tmjtherapycentre.com or speak directly with our Education Administrator at 877.865.4325.

OPEN TO ALL MEDICAL PROFESSIONALS.
NO PREREQUISITE REQUIRED.



T&S THERAPY CENTRE INTERNATIONAL
(Nationally or Locally) Approved PACE Program
Provider for FAGDMAGD credit.
Approval does not imply acceptance by
any regulatory authority or AGD endorsement.
6/1/18 to 5/31/22
Provider ID# 305666
AGD Codes: 101, 130, 180, 200, 430, 730



2023 MOTOR NERVE REFLEX TESTING 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: _____

Office Phone: _____ Cell Phone: _____

☐ **JUNE 25-26, 2023**

◆ *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*

Dentist Fee \$2195 x _____ Sessions \$ _____

MD, DO, DC, PT 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, 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 session fee upon receipt of registration form. Subsequent payments will be due 30 days in advance of the 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 the payment was made. Cancellations must be made in writing or over email 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. If 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 _____, _____ 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# _____