



**T&S Therapy Centre
INTERNATIONAL**

TMJ & Sleep Therapy Research & Education

SLEEP-RELATED BREATHING DISORDERS & CRANIOFACIAL PAIN

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

Certificate of Attendance from



48 Hours Lecture & Participation CE

This course is also offered in London UK & Gold Coast AU.

For information on locations and dates please

email education@tmjtherapycentre.com or call

877.865.4325 / 619.462.0676



Learn the "System" that dentists worldwide are using with reproducible success!

Session 1

- ◆ Screening for OSA in Your Practice
- ◆ How to Find CR
- ◆ Imaging: CBCT, Plain Film, X-rays, MRI
- ◆ Motor Nerve Reflex Evaluation
- ◆ Electrodiagnosis: JVA, Jaw Tracking, EMG
- ◆ Airway & TMJ Neuroanatomy

Session 2

- ◆ Sleep Disorders
- ◆ Triage of Sleep Appliance Therapy
- ◆ Headaches
- ◆ Recapturing Discs
- ◆ Orthotic Design & Indications
- ◆ Principles of Pharmacology

Session 3

- ◆ Sleep Disorders that Cause TMJ Pain
- ◆ Stabilization for Crown & Bridge/Ortho
- ◆ Nutrition for the TMD Patient
- ◆ Continuous Neuropathic Disorders
- ◆ Physical Medicine Modalities
- ◆ Musculoskeletal Pain



**Directed by International Educator
Dr. 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, American Academy of Pain Management
FAAOP, FAACP, FICCMO, FADI, FIAO

Testimonials

"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

"Within the first 10 minutes of Dr Olmos' lecture, I saw this system as the missing link for me. I have always tried to look for the root causes of things in dentistry, and have been frustrated by really high quality work that still has a chance to fail. It was like a light bulb turned on and I realized what I have been missing."

-Dr. John Imm, Columbus, OH

Course Includes:

Comprehensive 3 Session Manuals All forms & documentation (patient intake, clinical exam, tracking) are supplied to successfully treat patients.

Dates:

Session 1 Sept. 30-Oct. 1, 2016

Session 2 October 28-29, 2016

Session 3 November 18-19, 2016

Location:

University of Tennessee
Health Sciences Centre
College of Dentistry
Memphis, TN

Register Today!

www.tmjtherapycentre.com

Or speak directly with our
Education Coordinator

877.865.4325 / 619.462.0676



Dental
Alignment
Systems™



Approved PACE Program Provider
FAGD/MAGD Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 6/1/14 to 5/31/18.
Provider ID#: 305666



C.E. Hours
apply to IAO
Tier Advancement

Join our International Family of Centres! For more information please contact:

T&S Therapy Centre International - 877.865.4325 / 619.462.0676 - education@tmjtherapycentre.com - tmjtherapycentre.com



2016 MINI-RESIDENCY COURSE REGISTRATION - Fax to (619) 469-4524

Doctor Name: _____

Staff Name(s): _____

Address: _____ City: _____

Province/State: _____ Country: _____ Postal/Zip Code: _____

Email: _____

Cell Phone: _____ Office Phone: _____

- MINI RESIDENCY Session 1 Sept.30 - Oct.1, 2016
- MINI RESIDENCY Session 2 October 28-29, 2016
- MINI RESIDENCY Session 3 November 18-19, 2016

LIMITED SEATS AVAILABLE

*Doctor Course Fee \$2195 per session Private Practitioner Non-Dentist \$1695 per session
Staff Course Fee \$950 per session*

PROGRAM FEES

Doctor Fees \$2195 x _____ Sessions \$ _____

Private Practitioner Fees \$1695 x _____ Sessions \$ _____

Staff Fees \$950 x _____ Staff x _____ Sessions \$ _____

TOTAL COURSE FEE \$ _____

SCHEDULE OF PAYMENTS

INITIAL PAYMENT \$ _____ **Due at Registration**

Full Payment \$ _____

Balance Due \$ _____

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 program. I understand that T & S International is a US 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 initial payment upon receipt of registration and the balance 30 days prior to the commencement the session.
- I authorize a one-time charge on my credit card for the entire amount for my registration of the **3 Sessions of the Mini Res.**

PLEASE CHOOSE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name on Card _____

Card Number _____ Exp Date _____ / _____ Billing Zip Code: _____

Cancellation Policy: All refunds will be issued via USD check from our corporate office, regardless of how the initial 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 _____, 2016 to be in effect and binding as of said date of signing.

Print Name _____ **Signature** _____