

LIMITED ENROLLMENT • REGISTER NOW

LEARN TO TREAT SLEEP PATIENTS AS YOU FIT A TOTAL OF 6 SLEEP APPLIANCES FOR YOURSELF, INCLUDING THE SILENT SLEEP TEMPORARY ORAL APPLIANCE, THE SUAD™ DEVICE CUSTOM APPLIANCE, PLUS 4 OTHER CUSTOM APPLIANCES OF YOUR CHOICE.

That's a \$1,500 or more value in sleep appliances alone!



Leading the
TMD Community

AACP INSTITUTE

ORAL APPLIANCES FOR SLEEP-DISORDERED BREATHING

A HANDS-ON COURSE

June 23, 2011

(Free introduction to dental sleep medicine)

June 24-25, 2011

(Hands-on sleep appliance workshops)

*American Airlines Training
& Conference Center
Fort Worth, TX*

Instructors:

*TERRY R. BENNETT, DMD
ROBERT L. TALLEY, DDS*



Join us for a *free* introduction to *dental sleep* medicine principles and protocols, plus *2 days* of hands-on experience *fitting* custom *oral sleep* appliances!

AACP INSTITUTE

Gerald J. Murphy, BS, DDS – Director

AACP INSTITUTE

ORAL APPLIANCES FOR SLEEP-DISORDERED BREATHING: A HANDS-ON COURSE

Free

Thursday, June 23

INTRODUCTION TO DENTAL SLEEP MEDICINE

Are you new to dental sleep medicine? If so, this session will provide you with the information and background you need to participate fully in the two-day *Oral Appliances for Sleep-Disordered Breathing: A Hands-on Course*. Instruction will consist of lecture followed by a virtually unlimited Question & Answer session with the instructors. Although this day of our program is primarily for novices, all registered *Oral Appliances for SBD* course participants are welcome to attend!

Friday & Saturday, June 24 & 25

ORAL APPLIANCES FOR SLEEP-DISORDERED BREATHING

As a participant in this 2 day, hands-on course, you will fit a total of six sleep appliances* for yourself, including the Silent Sleep temporary oral appliance, The SUAD™ Device custom appliance, plus four custom appliances of your choice. You will select up to two custom appliances from Column A and your remaining appliances from Column B, for a total of four custom appliances.

COLUMN A

Silencer®
Full Breath
OASYS Oral/Nasal Airway System™
Elastic Mandibular Advancement (EMA)

COLUMN B

TAP® III Triple Laminate
SomnoDent MAS
The Moses

That's a \$1,500 or more value in appliances alone! Drs. Bennett and Talley will also share methods of screening, diagnosis and treatment planning, as well as bite registration techniques and principles of appliance titration used in the treatment of patients who suffer from sleep-disordered breathing. Strategies for working within your medical community to help the many, many patients who are CPAP intolerant, plus those who are struggling with snoring, will also be presented.

Upon conclusion, you should know how to: treat sleep patients using several different types of oral appliances; develop a treatment plan for follow-up with a sleep-disordered breathing patient; work within your medical, dental and sleep communities; market your dental sleep medicine practice in a professional manner; and work with insurance companies.

**Participants will provide an occlusal registration and models for each appliance to be built in advance of the program. They will also need to bring an electric or battery-operated hand-piece and Brassler-style acrylic burrs to the course for use in fitting their custom appliances.*

ADA CERP® | Continuing Education Recognition Program

AACP is an ADA CERP-Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education.

ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

AACP designates these programs for continuing education credits.

January 1993 to December 2012



Approved PACE Program
Provider FAGD/MAGD Credit
Approval does not imply
acceptance by a state or
provincial board of dentistry
or AGD endorsement.
June 1, 2007 to May 31, 2012

22 CE CREDITS ARE AVAILABLE:

*14 participation credits plus
8 practice management credits*

TUITION

- \$2,750 (AACP member doctors)
- \$3,050 (AGD member doctors)
- \$3,500 (all others)*

**Join AACP and save: To request a membership application, call the AACP Executive Office at 800/322-8651.*

COURSE LOCATION

*American Airlines Training &
Conference Center
Fort Worth, TX*

REGISTRATION DEADLINE

*Registrations will be accepted on a first-come, first-served basis until **Wednesday, May 25, 2011**. Payment of tuition in full is required to guarantee your space in this limited enrollment course.*

HOTEL ACCOMMODATIONS

*For reservations, call the American Airlines Training & Conference Center at:
800/777-6464 or 817/956-6030*

- \$179.00 (facility use + overnight guest room)
- \$89.00 (facility use only; no guest room)

Rate includes continental breakfast, all-day break service, plus lunch and dinner buffets. Free shuttle service between the AAT&CC and Dallas/Fort Worth International Airport is also available.

JUNE 23-25, 2011

AMERICAN AIRLINES TRAINING & CONFERENCE CENTER | FORT WORTH, TX
REGISTRATION DEADLINE: MAY 25, 2011

A G E N D A

Thursday, June 23, 2011 *(FREE for all registered attendees)*

| | |
|--------------------|---|
| 2:00 PM – 6:00 PM | Basics of Sleep Medicine |
| 6:00 PM – 8:00 PM | Dinner with the Faculty |
| 8:00 PM – 10:00 PM | The Dentist's Role in the Diagnosis & Treatment of Sleep-Disordered Breathing |

Friday, June 24, 2011

| | |
|---------------------|--|
| 8:00 AM – 10:00 AM | Bite Registration Techniques for Oral Appliance Therapy and Bite Registration Workshop |
| 10:00 AM – 10:15 AM | Break |
| 10:15 AM – 12:00 PM | The EMA and OASYS Appliances, and Appliance Fitting Workshop |
| 12:00 PM – 1:00 PM | Lunch |
| 1:00 PM – 3:30 PM | The SUAD™ Device, TAP III Thermacryl and Silencer Appliances, and Appliance Fitting Workshop |
| 3:30 PM – 3:45 PM | Break |
| 3:45 PM – 6:00 PM | The SomnoDent MAS and The Moses Appliances, and Appliance Fitting Workshop |
| 6:00 PM | Adjourn |

Saturday, June 25, 2011

| | |
|---------------------|---|
| 8:00 AM – 10:00 AM | The Full Breath Appliance & Appliance Fitting Workshop |
| 10:00 AM – 10:15 AM | Break |
| 10:15 AM – 12:00 PM | Silent Sleep Appliance Fitting Workshop and NORAD Fitting Demonstration |
| 12:00 PM – 1:00 PM | Lunch |
| 1:00 PM – 3:15 PM | Oral Appliances Adjustment Workshop <i>(of appliances worn by participants on Friday night)</i> Examination and Appliance Selection Workshop <i>(case-based role playing)</i> Working with the Medical Community, Health Insurance Providers and Medicare |
| 3:15 PM – 3:30 PM | Break |
| 3:30 PM – 5:00 PM | Working with the Medical Community, Health Insurance Providers and Medicare <i>(continued)</i> |
| 5:00 PM | Adjourn |

MEET THE INSTRUCTORS

Drs. Terry R. Bennett and Robert L. Talley have 37 years of combined dental sleep medicine clinical experience.



Terry R. Bennett, DMD

Diplomate, American Board of Craniofacial Pain

Fellow, American Academy of Craniofacial Pain

Fellow, International College of Cranio-Mandibular Orthopedics

Diplomate, American Academy of Pain Management

Diplomate, American Academy of Dental Sleep Medicine



Robert L. Talley, DDS

Diplomate, American Board of Dental Sleep Medicine

Diplomate, American Board of Craniofacial Pain

Diplomate, American Board of Orofacial Pain

Diplomate, American Academy of Pain Management

Fellow, American Academy of Craniofacial Pain

REGISTER NOW ENROLLMENT IS LIMITED

*Registration is limited and available on a first-come, first-served basis through **May 25, 2011**.*

Payment of tuition in full is required to reserve your space in this course.

Instructions for submission of bite registrations and occlusal models will be provided upon receipt of your registration.

OVERNIGHT SLEEP STUDY

Participants will have the opportunity to complete an overnight sleep study of themselves without an appliance and with one of their selected appliance of their choice.

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TO REGISTER:

Call the AACFP Executive Office at 800/322-8651. When calling, please have your VISA or Mastercard handy; full payment is required to guarantee your space in this course. Since enrollment is limited, we recommend that you do not make your travel arrangements or guest room reservations until you receive confirmation from the AACFP Institute that your registration is confirmed. Instructions for providing occlusal models and bite registrations for each of your custom appliances will be furnished to you at that time.

| PARTICIPANT | TUITION | REFUND POLICY |
|---------------------|---------|---|
| AACP-member doctors | \$2,750 | Refund requests (less 10%) are contingent on filling your space in this limited enrollment course. <i>Please initial here to confirm that you have read, understand and agree to the AACFP Institute refund policy.</i> _____ |
| AGD-member doctors | \$3,050 | |
| Non-member doctors* | \$3,500 | |

*Join AACFP and save! To request a membership application, call 800.322.8651 or visit our website at www.aacfp.org.

PART 1: CONTACT INFORMATION - PLEASE PRINT

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

PART 2: REGISTRATION DETAILS

| | | | | | |
|--|--|--|--|---|--|
| MEMBERSHIP STATUS <i>(Check one, please)</i> <input type="checkbox"/> AACFP member <input type="checkbox"/> AGD member (AGD # _____) <input type="checkbox"/> Non-member | | TUITION AMOUNT <i>(From chart above)</i> \$ _____ | | | |
| <input type="checkbox"/> YES, I will attend the Introduction to Dental Sleep Medicine on June 23rd. <input type="checkbox"/> NO, I will <u>not</u> attend the Introduction to Dental Sleep Medicine on June 23rd. | | <h1 style="color: red;">Free</h1> | | | |
| <h3 style="color: red;">Choose a total of 4 custom appliances from Columns A + B</h3> | | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> COLUMN A <i>(Select up to 2 appliances from this column)</i> <input type="checkbox"/> Silencer <input type="checkbox"/> EMA </td> <td style="width: 50%; text-align: center;"> COLUMN B <i>(Select remaining appliances from this column)</i> <input type="checkbox"/> Full Breath <input type="checkbox"/> Oasys <input type="checkbox"/> TAP III Triple Laminate <input type="checkbox"/> SomnoDent MAS <input type="checkbox"/> Moses </td> </tr> </table> | | COLUMN A <i>(Select up to 2 appliances from this column)</i> <input type="checkbox"/> Silencer <input type="checkbox"/> EMA | COLUMN B <i>(Select remaining appliances from this column)</i> <input type="checkbox"/> Full Breath <input type="checkbox"/> Oasys <input type="checkbox"/> TAP III Triple Laminate <input type="checkbox"/> SomnoDent MAS <input type="checkbox"/> Moses |
| COLUMN A <i>(Select up to 2 appliances from this column)</i> <input type="checkbox"/> Silencer <input type="checkbox"/> EMA | COLUMN B <i>(Select remaining appliances from this column)</i> <input type="checkbox"/> Full Breath <input type="checkbox"/> Oasys <input type="checkbox"/> TAP III Triple Laminate <input type="checkbox"/> SomnoDent MAS <input type="checkbox"/> Moses | | | | |

PART 3: PAYMENT OPTIONS

Enclosed is my check *(in US dollars, drawn on a US bank)* payable to AACFP in the amount of \$ _____
 Please charge \$ _____ to my: Visa MasterCard

Cardholder Name *(exactly as it appears on card)*: _____
 Card Number: _____ Expiration Date: _____ Security Code: _____
 CC Billing Address *(if different from above)*: _____
 Cardholder's Signature: _____

AGD