

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 NORAD BOIL AND BITE APPLIANCE, PLUS 4 CUSTOM APPLIANCES OF YOUR CHOICE.

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



AACP INSTITUTE



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

June 25, 2009

(Free introduction to dental sleep medicine)

June 26-27, 2009

(Hands-on sleep appliance workshops)

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

*Instructors:
JAMISON R. SPENCER, DMD, MS
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 25

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 26 & 27

ORAL APPLIANCES FOR SLEEP-DISORDERED BREATHING

As a participant in this 2-day, hands-on course, you will fit a total of 6 sleep appliances* for yourself, including the Silent Sleep temporary oral appliance, the NORAD "boil and bite" appliance, plus 4 custom appliances of your choice. You will select up to 2 custom appliances from Column A and your remaining appliances from Column B, for a total of 4 custom appliances.

COLUMN A	COLUMN B
Silencer [®]	TAP [®] III Triple Laminate
SomnoDent MAS [™]	TAP [®] III Thermacryl
Full Breath	Elastic Mandibular Advancement (EMA [®])
OASYS Oral/Nasal Airway System [™]	Moses

That's a \$1,500 value in appliances alone! Drs. Spencer 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.*

22 CE CREDITS ARE AVAILABLE:

14 participation credits plus
8 practice management credits

TUITION

- \$2,500 (AAPC-member doctors)
- \$2,800 (AGD-member doctors)
- \$3,250 (all others)*

*Join AAPC and save: To request a membership application, call the AAPC 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 **Monday, June 1st**. 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.

AIRFARE SAVINGS

American Airlines is offering discounts off published fares to course participants. For information, please call the AAPC Institute Office at:

877/320-0111 or 405/321-0111



AACP is an ADA CERP recognized provider.
January 1993 to December 2009



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, 2011

JUNE 25-27, 2009

AMERICAN AIRLINES TRAINING & CONFERENCE CENTER | FORT WORTH, TX
REGISTRATION DEADLINE: JUNE 1, 2009

A G E N D A

Thursday, June 25, 2009 *(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 26, 2009

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 TAP III Triple Laminate, 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 Moses Appliances AND Appliance Fitting Workshop
6:00 PM	Adjourn

Saturday, June 27, 2009

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	The NORAD and Silent Sleep Appliances AND Appliance Fitting Workshop
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. Jamison R. Spencer and Robert L. Talley have 37 years of combined dental sleep medicine clinical experience.



Jamison R. Spencer, DMD, MS

Diplomate, American Board of Dental Sleep Medicine

Diplomate, American Board of Craniofacial Pain

Fellow, American Academy of Craniofacial Pain



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 **June 1, 2009**.*

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.

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TO REGISTER:

Call the AACFP Executive Office at 800/322-8651 or 847/885-1272, or fax completed form to 847/885-8393. 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	\$2,500	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	\$2,800	
Non-member doctors*	\$3,250	

*Join AACFP and save! To request a membership application, call 800.322.8651 or send fax to 847.885.8393.

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 25th. <input type="checkbox"/> NO, I will <u>not</u> attend the Introduction to Dental Sleep Medicine on June 25th.		<h1>Free</h1>													
Choose a total of 4 custom appliances from Columns A + B		<table border="0" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;"> COLUMN A <i>(Select up to 2 appliances from this column)</i> </td> <td colspan="2" style="text-align: center;"> COLUMN B <i>(Select remaining appliances from this column)</i> </td> </tr> <tr> <td><input type="checkbox"/> Silencer</td> <td><input type="checkbox"/> Full Breath</td> <td><input type="checkbox"/> TAP III Triple Laminate</td> <td><input type="checkbox"/> EMA</td> </tr> <tr> <td><input type="checkbox"/> SomnoDent MAS</td> <td><input type="checkbox"/> Oasys</td> <td><input type="checkbox"/> TAP III Thermacryl</td> <td><input type="checkbox"/> Moses</td> </tr> </table>		COLUMN A <i>(Select up to 2 appliances from this column)</i>		COLUMN B <i>(Select remaining appliances from this column)</i>		<input type="checkbox"/> Silencer	<input type="checkbox"/> Full Breath	<input type="checkbox"/> TAP III Triple Laminate	<input type="checkbox"/> EMA	<input type="checkbox"/> SomnoDent MAS	<input type="checkbox"/> Oasys	<input type="checkbox"/> TAP III Thermacryl	<input type="checkbox"/> Moses
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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: _____

TO REGISTER, CALL: 800/322-8651 OR 847/885-1272, FAX: 847/885-8393, OR MAIL COMPLETED FORM (WITH PAYMENT) TO: AACFP EXECUTIVE OFFICE, 1901 N. ROSELLE ROAD, SUITE 920, SCHAUMBURG, IL 60195