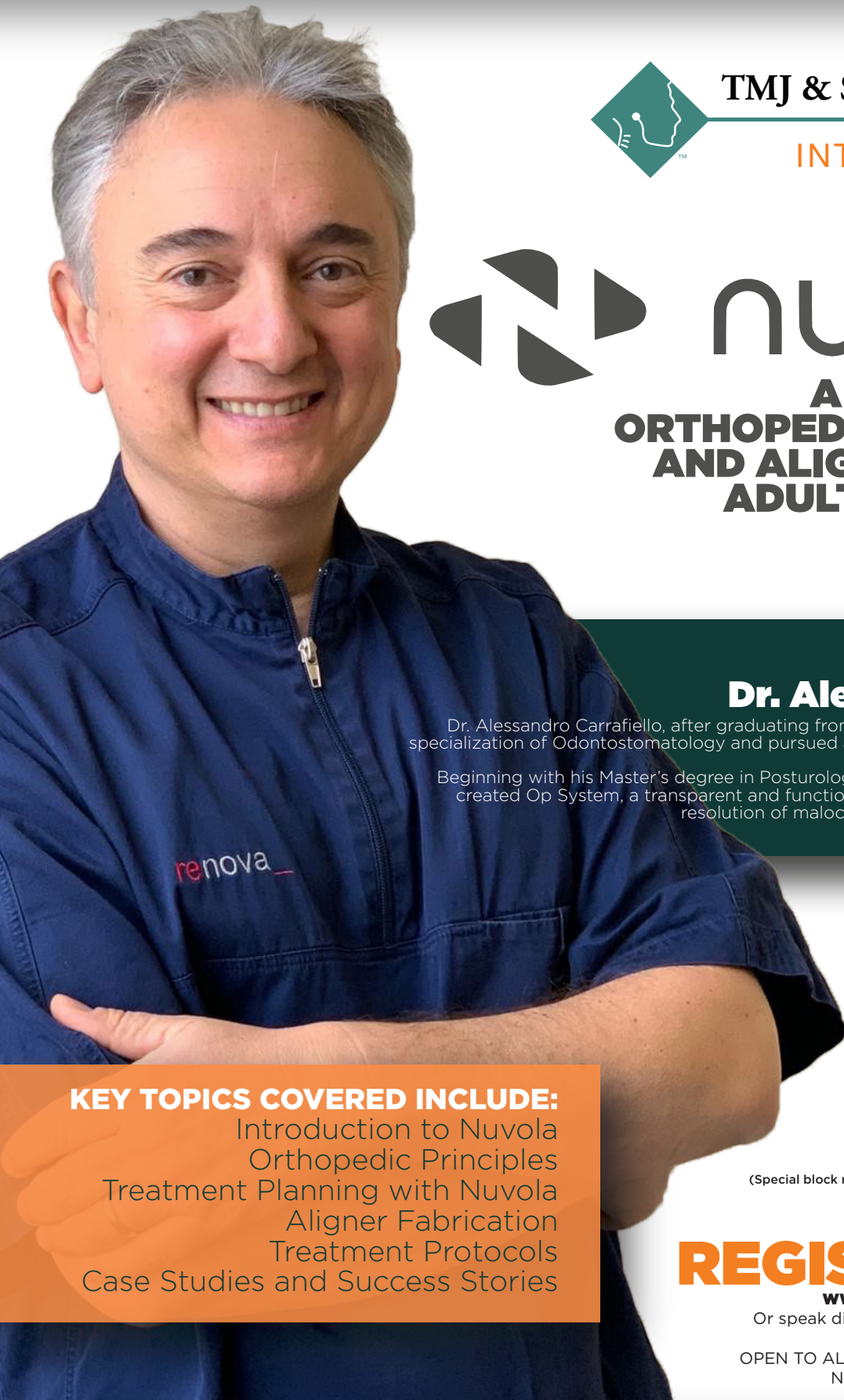


The FIRST Nuvola OP Aligner System Course in the US



TMJ & Sleep Therapy Centre

INTERNATIONAL



INTRODUCTION TO
NUVOLA®

**A REVOLUTIONARY
ORTHOPEDIC DEVELOPMENT
AND ALIGNER SYSTEM FOR
ADULTS AND CHILDREN**

PRESENTED BY

Dr. Alessandro Carrafiello

Dr. Alessandro Carrafiello, after graduating from Medical School, dedicated himself to the specialization of Odontostomatology and pursued an additional specialization in Posturology.

Beginning with his Master's degree in Posturology, his vision of dentistry expanded and he created Op System, a transparent and functional orthodontic treatment protocol for the resolution of malocclusion while resolving postural pathology.

DATE

Nov 01-02, 2024

LOCATION

Philadelphia Marriott
Downtown
1200 Filbert Street
Philadelphia, PA 19107

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!

KEY TOPICS COVERED INCLUDE:

- Introduction to Nuvola
- Orthopedic Principles
- Treatment Planning with Nuvola
- Aligner Fabrication
- Treatment Protocols
- Case Studies and Success Stories

REGISTER TODAY!

www.tmjtherapycentre.com

Or speak directly with our Education Administrator
877.865.4325 / 619.462.0676

OPEN TO ALL MEDICAL & DENTAL PROFESSIONALS.
NO PREREQUISITE REQUIRED.



TMJ Therapy Centre International
Nationally Approved PACE Program Provider for FAGDMACO credit.
Approval does not imply acceptance by
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00001222 00 10/19/2020
Provider QR 300666





Introduction to Nuvola - An Orthopedic Development and Aligner System for Adults and Children

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: _____

November 01-02, 2024

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 \$ _____

Doctor Streaming Fee \$1535 x _____ Sessions \$ _____

MD, DO, DC, PT Fee \$1695 x _____ Sessions \$ _____

Staff Fee \$950 x _____ Staff 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, 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# _____
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