# **COMBINING TMJ, SDB & MYOFUNCTIONAL ORTHODONTICS 4-DAY EUROPEAN SUMMIT 2024** 6<sup>th</sup> - 9<sup>th</sup> NOVEMBER 2024

For more than 30 years, Myofunctional Research Co. (MRC) has recognised breathing disorders as the major cause of malocclusion, poor jaw growth and TMJ Disorder. By effectively changing the way orthodontics for children is performed, the Myobrace® myofunctional orthodontic system, by MRC, fundamentally delivers airway and habit correction to resolve orthodontic problems.

### A complete training program for orthodontic & dental professionals.

**MRC Head Office & Training Centre** Waalwijk, the Netherlands

#### LEARNING OUTCOMES

- Practical aspects of the implementation of myofunctional treatment in your practice.
- Understanding the development of occlusion and function.
- Diagnosis of soft tissue dysfunction, Sleep-Breathing disorders, Tongue Tie and Malocclusion.
- An extensive presentation of treatment possibilities with MRC's treatment systems Myobrace, Myosa and TMJBDS.
- Effectively educate parents and patients to achieve consistent results.
- Myofunctional Orthodontics treating the causes rather than the symptoms of malocclusion.
- Evaluation & discussion of cases.

#### LECTURERS OVERVIEW (PRELIMINARY)



SLEEP DISORDERS

J DISORDERS

CROWDED TEETH

**GROWTH AND** 

DEVELOPMENT



Dr Chris Farrell

Dr Madeeha Khan



Dr Ben Miraglia

**Dr John Flutter** 



myobrace



Patrick McKeown

**MUOSA TMJBDS** 







**Dr Imran Rangzeb** 

Prof Luca Levrini





## **COMBINING TMJ, SDB & MYOFUNCTIONAL ORTHODONTICS**

REGISTRATION FORM			Early Bird Registration 10% Discount		
REGISTRATION FEES (FULLY CATERED)				Valid till	31 January 2024
4-DAY EU SUMMIT	4 DAYS		3 DAYS	REGIST	<b>TRATION DAYS</b>
Practitioner	€ 1.555,00		€ 1.435,00	Wed	Fri
Staff (max 2 per practice	e) € 1.015,00		€ 895,00	Thu [	Sat 🗌
Prices include 21% VAT	(No refund after Augus	st 31)			
	DISC	COUNT:	<b>25%</b> N	1ember	50% MCP
REGISTRATION DETAIL			20,01		
Profession:		Name:			
Practice Name:		a 	-		
Contact Number:		Email:			
Postal Address:		4	<u>-</u>		
Dietary Requirements:					
ADDITIONAL ATTENDEES					
Name:					
Position Held:					
Contact Number:		Email:			
Dietary Requirements:					
PAYMENT DETAILS					
Amount €:	Make payment to Myofunctional Research Co.				
	Credit Card (Visa d	or Masterca	rd)	Bank Transfer	
Card Number:	/	/	/		
Expire Date:	/		CVV:		
	VENUE DETAILS				
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