



A A D S M E D U C A T I O N A L C O U R S E

INTRODUCTION TO DENTAL SLEEP MEDICINE WORKSHOP

September 25, 2010
National Office
Darien, Illinois



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TARGET AUDIENCE

This workshop is intended for dentists, hygienists, and their staff who have either no knowledge or limited knowledge of dental sleep medicine and the desire to learn the fundamentals in order to determine the extent to which they want to pursue more education with the goal to integrate dental sleep medicine into the general practice of dentistry.

WORKSHOP OVERVIEW

The Introduction to Dental Sleep Medicine workshop will cover the basics of sleep pathophysiology and obstructive sleep apnea (OSA); screening evaluation and assessment will be discussed as well as treatment options. The role of the dentist in treating OSA will be the foundation of the course. The content of this workshop will provide attendees with the knowledge and skills to screen for OSA in their practice.

WORKSHOP OBJECTIVES

Upon completion of the course, participants will be able to:

1. Introduce dental health care professionals to obstructive sleep apnea, to include the concepts of normal sleep and pathophysiology of OSA;
2. Describe the significant consequences to individual and society;
3. Recognize the signs and symptoms of OSA; and
4. Raise awareness for need for dental sleep medicine education.

TEACHING METHODS

This workshop will be comprised of lectures followed by discussion.

CONTINUING EDUCATION

The American Academy of Dental Sleep Medicine is an ADA CERP Recognized Provider. The formal educational programs of the AADSM are also accepted by the Academy of General Dentistry (AGD) for Fellowship/Mastership credit.

This course has been approved for 8.00 CE credits.

ADA CERP® | Continuing Education
Recognition Program

Register online at www.aadsm.org

SESSION TIMES

Saturday, September 25

7:00 AM – 8:00 AM *	Continental Breakfast and Registration
8:00 AM – 12:15 PM	General Session
12:15 PM – 1:15 PM*	Lunch
1:15 PM – 5:30 PM	General Session

* These meals are provided; attendees are responsible for all other meals.

LIST OF TOPICS

Basics of Sleep Pathophysiology and OSA

Upper Airway Evaluation

Introduce PSG and Ambulatory Monitoring

Treatment Options for OSA

Basics of Oral Appliance Therapy (OAT)

Review of Oral Appliances

Bruxism...where TMD and SDB meet

Practice management, patient management, scope of practice and working with an MD

SPEAKER INDEX



RONALD PREHN, DDS

Dr. Prehn is a third generation dentist who focuses his practice on complex medical management of facial pain conditions (TMD and headache) and sleep related breathing disorders. Dr. Prehn is on staff of local north Houston hospitals. He focuses his practice on cusp between medicine and dentistry providing care for patients with facial pain conditions including TMJ and headache and also those with sleep related breathing disturbances. Dr. Prehn is a Diplomate of both the American Board of Orofacial Pain as well as the American Board of Dental Sleep Medicine.



SHERI KATZ, DDS

Dr. Katz received her DDS from Emory University and practices within a family practice in Decatur, Georgia. Her primary interest and focus of practice is dental sleep medicine. She serves on the AASM Standards of Practice Task Force for OSA Surgery and is the President of the AADSM.

This course was planned by the Course Development Committee:

Steve Carstensen, DDS

Leslie Dort, DDS

Richard Drake, DDS

Sheri Katz, DDS

James Metz, DDS

Jeffrey Pancer, DDS

Ronald Prehn, DDS

Jeffrey Prinsell, DMD, MD

Questions? Call the AADSM at (630) 737-9705.

GENERAL INFORMATION

LOCATION AND ROOM RESERVATIONS

The workshop will be held at the national office, 2510 North Frontage Road, Darien, Illinois 60561-1511, (630) 737-9705.

A block of guest rooms has been reserved at the Aloft Bolingbrook Hotel, 500 Janes Ave., Bolingbrook, IL. Space is limited, so please make reservations well in advance. The room rate at the hotel is \$99.00 per night plus tax and is only valid until August 27, 2010, or until the room block sells out.

All reservations must be made by individual attendees directly with the hotel's reservation department. You can make the reservation by calling (877) 462-5638 and identifying yourself as part of the AADSM course group. Check-in time at the Aloft Bolingbrook Hotel is 3:00 PM on the day of arrival and check-out time is 12:00 PM on the day of departure.

TRANSPORTATION FROM HOTEL TO NATIONAL OFFICE

Shuttle service will be provided to and from the Aloft Bolingbrook to the National Office prior to and at the end of the day on each day of a workshop. Transportation to any other location or at any other time is the responsibility of the attendee. Details regarding the shuttle schedule will be sent to attendees via e-mail in advance of a workshop.

MEALS

Breakfast and lunch will be served on Saturday; all other meals are the responsibility of the attendees.

TRANSPORTATION

Save on your airfare by booking your flight with one of our discounted airlines. Call Corporate Travel toll-free at (800) 635-5488 to make your reservation. Airfare savings are subject to availability; we suggest you make your arrangements as soon as you receive your registration confirmation.

The airports nearest to the National Office are O'Hare International Airport and Midway International Airport. O'Hare is approximately 23 miles from the office. Midway is approximately 18 miles from the office. Because you will be traveling to a suburb, we recommend that you do not pick-up a taxi

outside of the baggage claim exit as these taxis will charge at 1.5 times the metered rate to take you to the hotel. Rather, contact American Taxi via phone at (630) 920-9480 after you pick-up your baggage at the airport. An automated system will guide you through the reservation process and provide you with a cab number and a pick-up location. Taxi service to and from the airport is approximately \$40.00 each way. Please anticipate 30-40 minutes for travel time to and from either airport.

CONFIRMATION

Confirmations will be sent via e-mail within one week of receipt of registration form and payment. All participants must pre-register for the workshop; **on-site registration will not be accepted.**

The AADSM will not be held liable if an individual purchases an airline ticket before receiving confirmation of registration for this workshop.

CANCELLATION AND REFUND POLICY

To cancel a registration, written notification must be submitted to the meeting department. A \$50.00 administrative fee will be withheld on cancellations postmarked prior to **Friday, September 3, 2010**. After this date, no refunds will be available. Refunds are not provided to no-shows. The AADSM reserves the right to cancel the Introduction to Dental Sleep Medicine workshop and provide a full refund should conditions warrant. The refund will only include the cost of registration for the workshop.

RECORDING

Photographing and/or recording of any kind of sessions and speakers at the workshop is strictly prohibited.

DRESS CODE

Dress code at AADSM workshop is business casual.

INFORMATION OR QUESTIONS

For information or questions regarding the course, please contact:

Randi Prince, Meeting Planner

2510 North Frontage Road
Darien, Illinois 60561-1511

Phone: (630) 737-9705

Fax: (630) 737-9790

E-mail: rprince@aadsm.org

Website: www.aadsm.org

Register online at www.aadsm.org

REGISTRATION INSTRUCTIONS

HOW TO REGISTER

ONLINE (*credit card only*)
www.aadsm.org

FAX (*credit card only*)
630-737-9790

MAIL (*check or credit card*)

American Academy of Dental Sleep Medicine
Attn: Meeting Department
2510 North Frontage Road
Darien, IL 60561-1511

REGISTRATION DISCLAIMER

Registration is limited. Please register early. Confirmation letters will be sent via e-mail within one week of receipt of registration form and payment. All attendees must pre-register; **on-site registration will not be accepted.**

The AADSM will not be held liable if an individual purchases an airline ticket before receiving confirmation of registration for a workshop.

REGISTRATION CATEGORIES

Member

To register as a member, the registrant must currently be an individual member of the American Academy of Dental Sleep Medicine (AADSM). If the AADSM is unable to confirm that the individual is a member of the society, the AADSM will register the individual as a nonmember at the prevailing fee.

Student/Graduate Postdoctoral Student Member

To register as a student member, the registrant must currently be a student member of the AADSM. If the AADSM is unable to confirm that the individual is a student member of the society, the AADSM will register the student as a nonmember at the prevailing fee.

Dental Staff of AADSM Member

To register as the dental staff of an AADSM member, the registrant must currently be employed by an individual who is currently a member of the AADSM. If the AADSM is unable to confirm that the dentist is a member of the AADSM, the AADSM will register the individuals as a dental staff of a nonmember at the prevailing fee.

Nonmember

Want to register for the member price, but you're not a member? If you are not an individual member of the AADSM and would like to become a member, please complete the membership classification information on the registration form. Join the AADSM to receive instant savings including reduced workshop registration fees, a listing on the Find-a-Dentist feature of the AADSM website, subscriptions to *Sleep and Breathing* and *Dialogue* and much more. Visit the AADSM website at www.aadsm.org for more information about membership including a complete list of benefits and a description of all membership categories. Membership is on a calendar-year basis (January 1–December 31).

Dental Staff of Nonmember

If your employer is not an individual member of the AADSM and would like to become a member, please request that he/she completes the membership application form available at www.aadsm.org.

Questions? Call the AADSM at (630) 737-9705.

REGISTRATION FORM (please type or print clearly)

Last Name: _____

First Name: _____ Degree: _____
(This is the name that will be printed on your name badge.)

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Phone: _____

Fax: _____ E-mail: _____
(e-mail required to receive confirmation)

Special Needs/Accommodations: _____

Check one.

- Yes, I give my permission to include my contact information on an attendee list to be distributed to workshop attendees.
- No, I do not give my permission to include my contact information on an attendee list to be distributed to workshop attendees.

2010 MEMBERSHIP DUES FOR NONMEMBERS

- Regular Members - \$345
- Student/Graduate Postdoctoral Members – Free with completion of the AADSM Student Membership Application.

REGISTRATION FEES

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	<i>On or before 8/27/10</i>	<i>After 8/27/10</i>
AADSM Member	<input type="checkbox"/> \$485	<input type="checkbox"/> \$585
AADSM Student/Graduate Postdoctoral Student Member	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425
Dental Staff of AADSM Member	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425
<i>Name of AADSM Member</i> _____		
Nonmember	<input type="checkbox"/> \$585	<input type="checkbox"/> \$685
Dental Staff of Nonmember	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525

METHOD OF PAYMENT

- Please make checks payable to the AADSM (U.S. funds drawn on a U.S. bank)
- For payment by credit card (VISA/MasterCard/American Express):

Card#: _____

Exp. Date: _____ / _____ Validation Code*: _____

Cardholders Name: _____

Mailing Address: _____

Signature: _____ Date: _____

*For a VISA or MasterCard, the validation code is the last 3 numbers in the signature box. For an American Express, the validation code is the 4 numbers above the credit card number.



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