UNIVERSITY OF SHARJAH
&
EMIRATES MEDICAL ASSOCIATION

3rd SHARJAH DENTAL COLLEGE
&
16th EMA INTERNATIONAL DENTAL CONFERENCE

Clinical Excellence in Dentistry:
Current Concepts and Controversies

7th – 9th of December 2011
(FINAL ANNOUNCEMENT)

Conference Symposia:

Symposium I - Endodontics in General Practice
1. Dr. Edmund Koyess, (Lebanese University, Lebanon)
2. Dr. Abubakr Siddique, (Zayed Military Hospital, UAE)

Symposium II - Restorative Dentistry
1. Dr. Peter Owen (University of Witwaterstrand, South Africa)
2. Dr. Jean Claude Fahd (Lebanese University, Lebanon)
3. Dr. Felix Wohrle (University of Hamburg, Germany)

Symposium III - Implantology in General practice
1. Dr. Joachim Hermann, (University of Zurich, Switzerland)
2. Dr. Lutz Ritter, (University of Koln, Germany)
3. Dr. Ahmed Aboul Fetouh, (Tuft University, Boston, USA)

Symposium IV - Pediatric and Special Needs Dentistry
1. Dr. Zahreddin Abusalah (The City Hospital, Dubai)
2. Dr. Aber Al-Namankany, (Eastman Dental Hospital, London)
3. Ms. Hiba Qutub (Dubai Autism Center, Dubai)

Symposium V - Laser Dentistry in General Practice
1. Dr. Kresimir Simunovic, (University of Zurich, Switzerland)
2. Dr. Catherine Trelle Vilafortuny, (Vilafortuny Laser Center, Dubai)

Pre and Post Conference Workshop:

Workshop I- Monday 5th of December, 2011
"Functional Posterior Restorations" Achieving Superior Clinical Outcomes with 'Smart Dentin Replacement Technology'
Dr. Khalil Mohamed, DDS (Professional Services Manager, Dentsply)

Workshop II- Monday 5th of December, 2011
Piezosurgery “Advanced Surgical Course”
Mr. Luz Ghajendren (Professional Services Manager, Al Thanaya Pharmaceuticals)

Workshop III- Tuesday 6th of December, 2011
WaveOne “Bringing Simplicity To Endodontics”
Dr. Edmond Koyess, PhD, MS, DDS (Head of Department of Endodontics, Lebanese University, Lebanon)

Workshop IV- Tuesday 6th of December, 2011
The Veneers
Dr. Jean-Claude Fahd, DDS, DUA, DUB (Chair of Restorative Dentistry, Lebanese University, Lebanon)

Workshop V- Tuesday 6th of December, 2011
3D Imagining in Dentistry
Mr. Ute Jenkner (Radiology technician, 3D imagining SERONA systems) & Dr. Hossam Aboul Anin, MD, PhD (BDM imaging Middle East, SERNOA)

Workshop VI- Friday 9th of December, 2011
Laser Dentistry in General Practice
Dr. Kresimir Simunovic, DMD, PhD (Private Practice, Zurich, Switzerland) & Dr. Ilay Maden, DDS, MSc (Clinical Lecturer at Laser and Health Academy, Turkey)

Poster Presentation and Dental Research Competition:
The Dental Scientist Award
Kindly send your structured abstract of not more than 300 words to the conference secretariat.

SUBMISSION DEADLINE : 3rd NOV, 2011

Registration Information:
Emirates Medical Association. Dubai, United Arab Emirates. PO Box 6600
Tel: +971-4-3377377 Fax: +971-4-3344082 / 3355083 or Payment on site
Abstract Submission: www.sharjah.ac.ae

Conference Venue:-
UNIVERSITY OF SHARJAH
Recommended Hotel:-
CENTRO SHARJAH
Tel: +971(0)65088147
www.rotana.com
REGISTRATION FORM
3rd SHARJAH DENTAL COLLEGE
&
16th EMA INTERNATIONAL DENTAL CONFERENCE
7th - 9th December 2011

Name: ...........................................................................................................
Institution (Hospital / Clinic): .................................................................
Designation: ..............................................................................................
Address: ................................................ P.O. Box: .................................
City: ........................................ Country: .................................................
Tel: ........................................... Mobile: ................................................
Fax: .............................................. E-mail: ............................................

CONFEREE FEES

<table>
<thead>
<tr>
<th>Category</th>
<th>Fee</th>
<th>Tick Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMA Member Dentist</td>
<td>600 (AED)</td>
<td></td>
</tr>
<tr>
<td>Non Member Dentist</td>
<td>700 (AED)</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>400 (AED)</td>
<td></td>
</tr>
<tr>
<td>Dental Auxillaries</td>
<td>400 (AED)</td>
<td></td>
</tr>
</tbody>
</table>

(PLEASE PHOTOCOPY THE FORM AND SUBMIT)

Payment Details

Name:..............................................................
Mobile no: ......................................................
Email:..............................................................
Total Payment = .......... AED

Payment Method ............... RECEPIT No:..........