**WA DENTAL CPD Courses 2017**

# Practical Oral Surgery

***Presented by Dr David Booth & Dr Carolyn Stulner***

**DATE**
~~Saturday 6th May **OR**~~
~~Saturday 26th August **OR**~~
~~Friday 8th September **OR**~~
~~Saturday 4th November~~

**TIME**
Registration 8.45am
Course 9am-2pm

**VENUE**
CTEC
Hackett Drive
Crawley

**FEE (inc GST)**
$1,177.00
Limit: 8

**CONVENOR**
A/Prof Lena Lejmanoski

**CPD HOURS: 5**

Do your basic oral surgery skills need updating? Have you become tentative making that initial incision?

This is a hands-on course that will include the following procedures:

- Flap design
- Surgical removal of a tooth
- Bone removal
- Suturing
- Biopsy

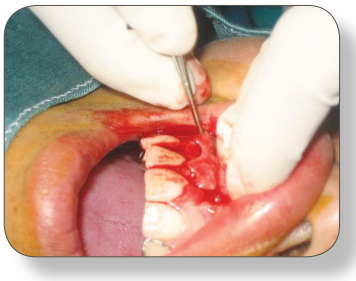
This course will be conducted using pig heads and is a limited-attendance course, so book early.

~~***A choice of 4 dates available.***~~

***About the Presenters:***

**Dr David Booth** has dedicated 40 years and made immeasurable contributions to teaching and training dental professionals, methodology and staff development at the Dental School at the University of Western Australia. He is Clinical Associate Professor with the School of Dentistry.

**Dr Carolyn Stulner** is an Oral & Maxillofacial Surgeon trained in Perth and Melbourne. She maintains a private practice in South Perth covering all aspects of oral & maxillofacial surgery, with a particular interest in Orthognathic Surgery and Implantology.



**FULLY BOOKED**

## WA DENTAL CPD 2017 Registration Form - DENTISTS

**Online registration and secure payment** available on the ADA WA website www.adawa.com.au CPD area
STRICTLY Attendees paying regular course fee ONLY

**I am a member of the ADA** ☐ Yes ☐ No *(please circle Branch)* WA / SA / VIC / NSW / QLD / TAS / NT

Course Name: _____ Course Date: ___ /___ /___

***Please use block letters when filling in your details.***

Title: *(Prof/Dr/Other)*

Given Name:

Surname:

Postal Address:

State: Postcode:

Work Phone: Mobile Phone:

Email Address:

Additional Participants: *(Names)* _____

Special Dietary Requirements: ☐ Vegetarian ☐ Gluten Free ☐ Lactose Free ☐ Other: _____

***Please Note: Non ADA Members add 50% to course fee*** *(UWA School of Dentistry staff, practice staff & members of other ADA branches exempt)*

**Payment:** Total Amount: AUS $_____ (includes GST)

☐ **Credit Card:** ☐ Mastercard ☐ Visa ☐ AMEX ☐ Diners

Card Number: Expiry Date: /

Cardholder Name: _____ Signature: _____

***Fax completed form to ADA WA Branch +61 8 9321 1757 or email to cpd@adawa.com.au***

☐ **Cheque:** Make cheque payable to ADA WA Branch Inc and post to PO Box 34, West Perth WA 6872 with your Registration Form.

***No Certificate of Attendance will be issued.*** ***A receipt/tax invoice will be provided showing the course name and CPD hours for your records.***

**Bookings, Course & Payment Enquiries: ADA Office +61 8 9211 5600 Email: cpd@adawa.com.au**
**Other Enquiries: Dr Jenny Ball 0419 044 549 jenny@adawa.com.au**

***Please note:*** *Your registration for these events indicates acceptance of the CPD Terms and Conditions contained in the WA Dental CPD 2017 Course Book.*