WA DENTAL CPD Courses 2017

Full Coverage Hands-on

Presented by Drs Graham Carmichael, Janice Kan & Poh Hun Loh

DATE
Saturday 26th August

TIME
Registration 8.15am
Course 8.30am-2pm

VENUE
OHCWA
Monash Ave Nedlands

FEE (inc GST)
$660.00
Limit: 15 (includes morning tea)

CONVENOR
Dr Jenny Ball

CPD HOURS: 5

This hands-on course will focus on the full coverage tooth restoration. It will focus on the premise that attendees should know how to prepare these preparations but may enjoy some guidance from experienced prosthodontists who can look over their shoulders and offer some guidance. A variety of full coverage crowns will be covered and there will be an opportunity to take impressions and make temporary crowns. A 3D scanner will also be available to evaluate preparations through imaging and photography.

About the Presenters:

Dr Graham Carmichael BSc BDSc (Hons) DClinDent (Pros) FRACDS MRACDS (Pros). Specialist Prosthodontist in private practice in West Perth. Consultant Prosthodontist Princess Margaret and Royal Perth Hospitals. Clinical Senior Lecturer UWA. Presents nationally and internationally.

Dr Janice Kan BDSc (Hons) UWA and DClinDent (Pros) University of Melbourne. She has presented at various national and international conferences, is active in academic teaching, director of various study clubs and is pursuing a research career (PhD) in the field of implant bone biomechanics.

Dr Poh Hun Loh BDSc UWA and DClinDent (Pros) University of Melbourne. He is currently senior lecturer in Restorative Dentistry and a specialist prosthodontist at the Oral Health Centre of WA and in private practice in West Perth.

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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.*