Dr. Bassel Gebrael DDS, Dip. Perio, FRCD(C)

Dr. Robin Gallardi DDS, MSc, FRCD(C)

Dr. Babak Shokati DDS, MSc, MSc(Prostho), FRCD(C)

Dr. Kal Rammo DDS, FAAOMS, FRCD(C)

# Full Arch OUN PRACTICE! **IMPLANTS FOR**

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- 1. Learn to how to maximize the use of your practice facilities by incorporating ambulatory specialty services for a complete turn-key implant operation.
- 2. Get comfortable in diagnosing and treatment planning full arch implants and understand the indications and advantages of Acrylic, Porcelain, and Zirconium for implant reconstruction cases.
- 3. Learn a unique protocol for full arch immediate implant reconstruction that is adapted for use in a general practice setting.
- 4. Learn how to integrate surgical, restorative and laboratory procedures in order to provide seamless, predictable, and profitable full arch reconstruction in your practice.
- 5. Understand the indications, limitations and complications associated with immediate implant loading protocols such as Same Day Teeth and All-on-4.
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# **REGISTRATION FORM**

COURSE DATES: Sunday, November 23rd, 2014. 9:00 am to 5:00 pm.
COURSE TITLE: Full Arch Implants for Your Practice
SPEAKERS: Dr. Bassel Gebrael, DDS, Dip. Perio, FRCD(C), Dr. Robin Gallardi, DDS, MSc, FRCD(C), Dr. Babak Shokati, DDS, MSc, MSc, FRCD(C), Dr. Kal Rammo, DDS, FAAOMS, FRCD(C)
COURSE HOURS: Eligible for 6 RCDSO credits (Category 3)
COURSE LOCATION: Trump International Hotel, 325 Bay Street, Toronto
COURSE FEE: \$595 + 13% HST. Breakfast, lunch and valet parking included.
Auxiliary staff registration: \$395 +13% HST each and limited to two staff members.
Early Registration Discount: Reduced to \$525 + 13% HST if you register by October 20th, 2014

### DOCTOR

LAST NAME	FIRST NAME	
ADDRESS		
CITY	PROVINCE	POST CODE
PHONE NUMBER	FAX NUMBER	
EMAIL		

#### PAYMENT

Please make cheques payable to B. Gebrael Dentistry Prof. Corp.: \$595 + \$77.35 HST = \$672.35 (or \$525 + \$68.25 HST = \$593.25 for Early Registration) and mail along with the registration form to SCIENCE OF IMPLANTS, #3509-10 Navy Wharf Court, Toronto, Ontario M5V 3V2

CREDIT CARD (VISA OR MASTERCARD NUMBER)

#### EXPIRATION

You can fax the completed registration form to (519) 941-1639 or scan and email the form to register@scienceofimplants.com For more course information or to register by phone, please contact Sarah Ellery at (519) 278-6553

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