

CLINICAL EXCELLENCE IN PROSTHODONTICS: WHAT IS THE ROLE OF EMERGING TECHNOLOGIES?

SCHEDULE OF EVENTS

8:00 - 8:45 A.M.

Registration & Continental Breakfast

8:45 - 9:00 A.M.

Opening Remarks

•Cyril Meyerowitz, D.D.S., M.S.
Director, Eastman Institute for Oral Health

•Carlos Ercoli, D.D.S.
Chairman & Program Director Prosthodontics

9:00 - 10:15 A.M.

Lecture

• Lyndon F. Cooper, D.D.S., Ph.D.

10:15 - 10:30 A.M.

Break

10:30 A.M. - 12:00 P.M.

Lecture

12:00 - 12:45 P.M.

Lunch & Resident Table Clinics

12:45 - 2:00 P.M.

Lecture

2:00 - 2:15 P.M.

Break

2:15 - 4:00 P.M.

Lecture

4:00 P.M. - 4:45 P.M.

Discussion

The following organizations have generously provided educational grants in support of this conference:



Table clinics are presented by Eastman Institute for Oral Health postgraduate students from the Prosthodontic Division

For information contact:
Pam Travis at (585) 275-5043 or
E-mail pamela_travis@urmc.rochester.edu

LOCATION AND TUITION

June 3, 2011

Double Tree Rochester

1111 Jefferson Road • Rochester, NY 14623

Registration Fee:

(Includes breaks and lunch)

Dentists	\$320
Technicians	\$190
EIOH FT/PT Faculty	\$180
Auxiliaries	\$130
Residents	\$70

PLEASE MAIL OR FAX YOUR REGISTRATION BY MAY 28

Cancellation: Tuition will be refunded until May 21 with a \$20 cancellation charge.

COURSE CREDITS

Continuing Education Credits: 7

ADA C.E.R.P.® | Continuing Education Recognition Program

Eastman Institute for Oral Health has been designated as an approved sponsor by the New York State constituent of the Academy of General Dentistry and the ADA. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

HOTEL RESERVATIONS

Double Tree Rochester
Brewer Conference Rate

(585) 475-1510

http://doubletree.hilton.com/en/dt/groups/personalized/R/ROCDTDT-EMD-20110602/index.jhtml?WT.mc_id=POG

SELECTED PAST SPEAKERS

Dr. Charles J. Goodacre	Dr. John A. Sorensen
Dr. John Kois	Dr. Ron Jarvis
Dr. John McLean	Dr. Jeffery P. Okeson
Dr. Charles McNeill	Dr. H.P. Weber
Dr. Herbert T. Schillingburg, Jr.	Dr. K. Malament
Dr. Stephen Parel	Dr. Frank Higginbottom
Dr. Kenneth Hebel	Dr. Urs C. Belser
Dr. Glen P. McGivney	Dr. J. Robert Kelly
Dr. Ralph Phillips	Dr. Thomas D. Taylor
Dr. Dennis Tarnow	Dr. Dan Nathanson
Dr. George Zarb	Dr. Charles J. Goodacre
Dr. Gerard J. Chiche	

REGISTRATION FORM

Mail to: Prosthodontic Division, Eastman Institute for Oral Health, Box #683 **OR Fax to:** (585) 244-8772
625 Elmwood Avenue, Rochester, New York 14620-2989 • Attn: Pamela Travis

(Please print)

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Payment: Check enclosed (Make checks payable to: Eastman Institute for Oral Health)
 Charge to: Visa MC Account # _____ Exp. Date _____

Check one: Dentist Technician Auxiliary Resident **TOTAL AMOUNT \$** _____

Signature: *(Required)* _____