

Avenues to Advance Your Laser Training



Course Description

This course will provide the dental professional with the basic understanding of the science, safety and types of lasers as well as their main functions in dentistry today.

This full day workshop will focus on the clinical applications of the Diode laser as an integral part of every day modern dental practice, clearly emphasizing the advantages to the patient, clinician and the dental team.

Whether you are new to lasers or a current laser user, you are guaranteed to benefit from this presentation. Back from presenting his latest laser clinical work in the USA, Europe and Dubai, Dr Hisham is excited to engage with his New Zealand colleagues again.

Course Objectives:

- Understanding laser types and functions
- Understanding the advantages of laser procedures
- Understanding the impact of a diode laser on your practice
- Mastering diode laser techniques through hands-on practice
- Applying a diode laser in your practice tomorrow with confidence

Friday, February 25, 2011

Registration: 8:00 a.m.

Time: 8:30 a.m. – 5:00 p.m.

Venue: Laser Lifetime Institute

Nokia Building

32 Mahuhu Crescent

(next to Vector Arena)

Auckland

Space is limited to 12 participants

Lunch, Morning and Afternoon tea

will be served.

Registration

8:00am

Time

8:30am –

5:00pm

Cost

\$550.00

6 CPD

Hours

Presentation by



Dr. Hisham Abdalla is the first multiple laser dentist and instructor in New Zealand. He is an international speaker, author and educator in Laser dentistry, Minimally Invasive, high-tech, CAD/CAM and Cosmetic dentistry. He is an innovator in the field of Full Face Aesthetics, combining the arts of cosmetic dentistry and cosmetic medicine. Hisham is an invited associate professor at the University of Cagliari in Italy and an affiliate member of the American Dental Association. He is a course provider and examiner for The Queensland University Laser Certification program, by Professor L. Walsh.

Registration Form

Yes, I would like to attend:

Friday, February 25, 2011

___ Number attending

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

PAYMENT DETAILS:

Cheque

Visa

Mastercard

American Express

Card Number: _____

Expiration: Month _____ Year _____ Holder's Name: _____

Signature: _____ Amount Enclosed: _____

Please post or fax the completed form to:

**38-46 South St Unit 29
Rydalmere, 2116 NSW/Australia
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Fax: +61 2 9680 0826**