

# MINI RESIDENCY IN IMPLANTOLOGY 2017

UNIVERSITY OF FLORIDA



July Monday 10 – Saturday 15

## Registration Form

### Main Speakers



**RODRIGO NEIVA** DDS, MS,  
GRADUATE PROGRAM DIRECTOR AT UNIVERSITY OF FLORIDA;  
CERTIFICATE AND MASTERS DEGREE IN PERIODONTICS FROM THE  
UNIVERSITY OF MICHIGAN;  
DIPLOMATE AND A BOARD EXAMINER OF AMERICAN BOARD OF  
PERIODONTOLOGY;  
DIPLOMATE OF THE INTERNATIONAL CONGRESS OF ORAL  
IMPLANTOLOGY;  
FELLOW OF THE AMERICAN COLLEGE OF DENTISTS.

---



**ALEXANDRE CABRERA**  
IMPLANTODONTIST,  
PROSTHODONTIC,  
DENTAL SURGEON IN SÃO PAULO-BRAZIL;  
COORDINATOR IN BRAZIL AND LATIN AMERICA OF THE ADVANCED  
IMPLANT DENTISTRY AND MINI RESIDENCES AT THE UNIVERSITY OF  
FLORIDA; BACHELOR'S DEGREE IN DENTISTRY FROM UESP -  
UNIVERSIDADE METODISTA OF SÃO PAULO.

## Registration Form

### Other Speakers



*(The speakers and the program may change depending on availability)*

## Registration Form

### Course Location & Format

#### UNIVERSITY OF FLORIDA

College of Dentistry  
1395 - Center Drive Gainesville - Florida 32610  
USA

#### THE UNIVERSITY:

The University of Florida is located in Gainesville, a pleasant community of approximately 200,000 residents, just over an hour from Orlando. Founded in 1852, it is one of the first and most traditional universities in the world, belonging to the prestigious American Association of Universities. Its 960-hectare campus and more than 900 buildings now has more than 50,000 students, from 50 different American states and more than 100 different countries, giving it the most competitive university degree in the USA. In it, you can find a series of facilities, such as restaurants, auditoriums, libraries, art galleries, swimming pools, gymnasiums and stadiums, among others, being one of the universities that invest the most Olympic sport in the world.

All this in the most perfect harmony and organization, where the green predominates giving its students and visitors the direct contact with nature.

#### COURSE FORMAT:

This course will be comprised of didactic classes, presentation of clinical cases, and hands-on in the most modern and advanced concepts of Modern Implantology.

- Plan cases following scientific concepts based on current literature, preparing the professional to solve different cases of peri-implantitis.
- Identify the need for the interaction of other disciplines in aiding the installation of implants.
- Prepare the professional to perform the most diverse surgical techniques for Guided Bone Regeneration.
- Understand the current trends in Implantology in relation to the latest generation of materials and instruments.
- To recognize the most modern techniques of periodontal microsurgery with the purpose of excellence in the installation of implants in aesthetic areas.

## Registration Form

### Course Program

- Career Plan in the USA
  - Osseochondensation – Theory + Hands On
  - Maxillary Sinus Surgery (Sinus Lifting) – Theory + Hands On
  - Biomechanics
  - Provisionalization – Theory + Hands On
  - Suturing Techniques – Theory + Hands On
  - Micro Gingival Plastic Surgery – Theory + Hands On
  - 3D prototyping
  - Types of Membranes
  - Preservation of Alveolar Border
  - Bonding Technique – Theory + Hands On
  - Tunneling
  - Block Grafts – Theory + Hands On
  - Types of Incision – Theory + Hands On
  - Implants in Esthetic Areas
  - Tissue Manipulation – Theory + Hands On
  - Guided Bone Regeneration
  - Atraumatic Extractions – Theory + Hands On
  - Vertical Rim Boost
  - Particulate grafts – Theory + Hands On
  - L-PRF – Theory + Hands On
  - Implant Design
  - Simulation Software
  - Peri-implantitis treatments
  - Sandwich Technique – Theory + Hands On
  - Horizontal Border Augmentation – Theory + Hands On
  - Split Crest – Theory + Hands On
- Immediate Implants  
BMP2
- Cadaver Hands-On (OPTIONAL)



Program Includes welcome dinner, training, morning and afternoon tea for Delegates and Graduation/Gala Dinner for Delegates and partners

## Registration Form

### ARRIVAL - 09 OF JULY - SUNDAY

- 19:00 Welcome Dinner – Embers Restaurant

### DAY 1 - 10 OF JULY - MONDAY

- 08:00 Introductions
- 09:00 Recent trends in Implantology
- 11:00 Periodontal plastic microsurgery
- 12:30 Lunch
- 13:30 Current status in the treatment of peri-implantitis
- 16:00 Minimally Invasive Soft Tissue Techniques

### DAY 2 - 11 OF JULY - TUESDAY

- 08:30 New concepts in Guided Bone Regeneration
- 10:30 Preservation and gain of Alveolar Border
- 12:30 Lunch
- 13:30 Prototyping in Implant Dentistry (Digital TX)
- 16:30 Implant Prosthesis Evolution.

### DAY 3 - 12 JULY - WEDNESDAY

- 08:30 Implants in aesthetic areas
- 10:30 Provisionalization and Tissue Manipulation
- 12:30 Lunch
- 13:30 Osseodensification new paradigm
- 16:30 Maxillary sinus Lift - tips

### DAY 4 - 13 OF JULY - THURSDAY

- 08:30 New Biomaterials in implantology
- 10:30 Macro and Micro Implants design
- 12:30 Lunch
- 13:30 Hands-On Soft Tissue Handling
- 15:30 Hands-On Membranes/L-PRF

### DAY 5 - 14 OF JULY - FRIDAY

- 09:00 Biomaterials
- 10:30 Maxillary Sinus Surgery (Sinus Lifting)
- 12:30 Lunch
- 13:30 Hands-On Particulate Graft, Block Graft, Sandwich Technique
- 15:30 Planning and surgical implants Hands-On in full arch cases rehabilitation

### DAY 6 - 15 OF JULY – SATURDAY

- 09:00 Cadaver Hands-on (optional)

# Registration Form

Today's date:			
<b>DELEGATE INFORMATION</b>			
Delegate's last name:		First:	Middle:
		<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms.	
Birth date:		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Phone no.:
			(    )
P.O. box:	City:	State:	Postcode:
Speciality:	Email:	Mobile no.:	
		(    )	
Are you bringing a partner?		<input type="checkbox"/> Yes	How many? _____
<input type="checkbox"/> Wife		<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
		<input type="checkbox"/> No	

PACKAGES / FEES		
Course Fees	AUS \$ 10,000.00	<input type="checkbox"/>
Cadaver Hands-on	AUS \$ 3,000.00	<input type="checkbox"/>
*Registered delegates before <b>31 March 2017</b> receive Free Airport Transfer Fees		<b>Course Fees</b> _____
Credit Card surcharge of Visa 1.50% + GST and Amex 2.50% + GST		<b>Credit Card Surcharge</b> _____
The above costs including <b>Training Course Fees</b> , <b>Welcome Dinner</b> and <b>Gala Dinner</b>		<b>Total Fees &amp; Charges AUS \$</b> \$ _____ =====

CREDIT CARD DETAILS				
<b>CARD:</b>	Visa	Mastercard	Amex	Other
<b>NAME ON CARD:</b>				
<b>CARD NUMBER:</b> _ _ _ _ _ _ _ _ _ _				
<b>EXPIRY:</b> _ _ / _ _				
<b>CVC/SECURITY NUMBER:</b> _ _ _ _				
<b>CARD HOLDER SIGNATURE</b> _____			<b>DATE</b> _____	

# Registration Form

## CANCELLATION POLICY

### 1. EVENT CANCELLATION BY CANDIDATE

Candidates cancellations must be in writing **via email to tony@ausbiocare.com.au**.

- a) Received by 31 March 2017 - 75% refund of courses fees paid;
- b) Received by 30 April 2017 - 50% refund of courses fees paid;
- c) Received by 31 May 2017 - 25% refund of courses fees paid;
- d) After 31 May 2017 - No Refund

### 2. EVENT CANCELLATION BY SPONSOR

- a) ABI reserves the right to cancel an event due to low enrollment **or other circumstances which** would make the event non-viable;
- b) Should circumstances arise that result in the cancellation or postponement of an event, registrants will have the option to either receive a full refund or transfer registration to the same or similar event at the new future date;
- c) In the event of a cancellation, ABI is not responsible for reimbursing prepaid travel costs to registrants (including non-refundable). It is recommended that registrants who elect to incur travel costs for a training course **SHOULD** schedule and purchase airfare and accommodation with this in mind.

- I AM INTERESTED IN RECEIVING INFORMATION REGARDING ACCOMMODATION
- I AM INTERESTED IN RECEIVING INFORMATION REGARDING AIRPORT TRANSFERS
- I AM INTERESTED IN RECEIVING INFORMATION REGARDING DAILY TRAVEL
- I AM INTERESTED IN RECEIVING INFORMATION REGARDING TOURS AND OTHER ACTIVITIES

I HEREBY CONFIRM THAT I HAVE READ AND ACCEPT THE ABOVE CANCELLATION POLICY.

**DELIGATE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship	Mobile Phone No.:	Other Phone No.:
		(    )	(    )