



CHINESE CANADIAN DENTAL SOCIETY OF B.C.

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Dear Colleagues:

We would like to remind you of our upcoming CE Night in September. We look forward to seeing you at a CCDSBC event.

CE NIGHT #1 (3 CE credit)

September 20, 2011 (Tuesday)

Topic: **“Enhancing the Predictability of Anterior Esthetics - Occlusal Keys to Success”**

This lecture is sponsored by 3M ESPE. Win door prizes at the event!

Speaker: **Dr. Matt Illes**

Venue: **Radisson President Hotel, 8181 Cambie Road, Richmond, BC**

Time: 6:00 p.m. (registration) → 6:30 p.m. (dinner) → 7:30 p.m. (lecture)

Fees: Free (members) \$90 (non-members)

Synopsis: *The presenter will outline a contemporary occlusal approach and its clinical application. The focus of the presentation will be to introduce an evidence based strategy to reduce the incidence of common restorative complications.*

The Clinician: *Dr. Matt Illes is a graduate of the University of Western Ontario. He is a general dentist limited to prosthodontic practice in Vancouver, B.C. Dr. Illes is a Fellow of the Academy of General Dentistry and a Fellow of the International Congress of Oral Implantology. He serves in the capacity of prosthodontic consultant at the University of British Columbia and has a particular interest in the treatment of occlusal disorders.*

3 CE Credits

I would like to attend this lecture as a: () Member () Non-member

I am a: () New Graduate () Post Graduate () Dentist () Hygienist () CDA

Please register by e-mail at ccdsbc.ca@gmail.com or by fax at 604.728.8805 by Sept 9, 2011.

Your registration will be confirmed by fax or e-mail within one week of submission. Attendees without valid confirmation will be assessed an on-site registration fee of \$20.

Name: _____

Office Phone: _____ College #: _____

Annual Membership Fee 2011-2012: \$180.

Name: _____ Telephone: (W) _____ (F) _____

Office Address _____

I would like to pay by:

Cheque Please make cheque payable to CCDSBC. Mail cheque and registration form to:
CCDSBC, Main PO Box 4437, Vancouver, BC V6B 3Z8

VISA Please fax registration form with legible visa info to (604) 728-8805

Cardholder Name: _____ Card Number: _____ Expiry: _____