



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 our CCDSBC event.

## CE NIGHT # 1 (3 CE credit)

September 13, 2022 (Tuesday)

Topic: **“Management of Impacted Teeth”**

Speaker: **Dr. Jason Choi & Dr. David Yang**

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

Time: 6:00 p.m. (Sign-In) → 6:30 p.m. (Dinner) → 7:30 p.m. (Lecture)

Fee: Free (Member) \$150 (Non-Member)\*

**Synopsis:** *Impacted teeth are common issues experienced by most dental patients. This lecture will discuss the diagnosis and management of impacted teeth. In addition the rationale for extracting third molars will be discussed.*

### The Speaker:

*Dr. Jason Choi is a Certified Specialist in Oral and Maxillofacial Surgery who provides the full scope of surgical treatment for the oral-facial complex. Dr. Choi completed his dental education at the University of Southern California and Oral and Maxillofacial Surgery training at Montefiore Medical Center in New York.*

*Dr. David Yang is the Provincial Practice Leader of Oral and Maxillofacial Surgery for BC Cancer. He has a keen interest in jaw necrosis and implant reconstruction, topics on which he has presented locally and internationally.*

### 3 CE Credits

I would like to attend this lecture as a: ( ) Member ( ) \*Non-Member (Please email [ccdsbc.ca@gmail.com](mailto:ccdsbc.ca@gmail.com) for registration info)\*

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

Please register **ONLY** by e-mail at [ccdsbc.ca@gmail.com](mailto:ccdsbc.ca@gmail.com) **OR** by fax at 604.728.8805 by **Sept 6, 2022** (Please do not register by phone)

Your registration will be confirmed by fax or email within **10 days** of submission. Attendees without valid confirmation will be assessed an additional on-site registration fee of \$20.

Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ College #: \_\_\_\_\_

**Annual Membership Fee 2022-2023: \$300** (Please renew your membership if you have not done so)

Name: \_\_\_\_\_ Telephone: (W) \_\_\_\_\_ (F) \_\_\_\_\_

Office Address \_\_\_\_\_ Email \_\_\_\_\_

### 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 ☐ MASTER CARD Please email / fax registration form with legible credit card info to (604) 728-8805

Cardholder Name: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_