CHINESE CANADIAN DENTAL SOCIETY OF B.C.
加 華 牙 醫 學 會
Main P.O. Box 4437 Vancouver, BC V6B 3Z8
Ph: 604.618.8856 **E-mail**:ccdsbc.ca@gmail.com

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 — Sept 10, 2026 (Thursday)

Topic: ***"Obstructive Sleep Apnea and Orthodontics: Can Common Sense Save Us from Ourselves?"***

This lecture is sponsored by ORASCOPTIC. Win door prize at the event!

Speaker: ***Dr. Benjamin Pliska***

VENUE: **Arbutus Club, 2001 Nanton Ave, Vancouver, BC**

Time: 6:00 p.m. (Registration) → 6:30 p.m. (Dinner) → 7:30 p.m. (Lecture)

Fee: Free (Member) **$194** (Non-Member) *

Outline: ***Interest in obstructive sleep disorders has led to much speculation within the dental profession, making it difficult to separate fact from fiction. This presentation will be a succinct review of published literature and recent clinical trial data, providing a clear picture of the evidence base on the topic. The relationship between sleep-disordered breathing and craniofacial growth and development, as well as the current evidence of managing pediatric sleep disorders with dentofacial orthopedics, will be directly addressed.***

✓ ***Define the role of the orthodontist in patients with sleep-disordered breathing***
✓ ***Evaluate the evidence of maxillary expansion in patients with obstructive sleep apnea***
✓ ***Describe the relationship between dentofacial morphology and obstructive sleep apnea***

The Speaker: ***Dr. Benjamin Pliska*** *is a graduate of the University of Western Ontario School of Dentistry, and obtained his Certificate in Orthodontics and Master's Degree in Dentistry from the University of Minnesota. He is an Associate Professor of the University of British Columbia Faculty of Dentistry, an Orthodontic Consultant at B.C. Children's Hospital and maintains a private practice in Vancouver as a certified specialist in Orthodontics. Dr. Pliska regularly publishes and lectures both nationally and internationally on his research interests of craniofacial imaging and sleep medicine.*

I would like to attend this lecture as a: ( ) Member ( )*Non-Member (Please email 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 by Sept 3, 2026 (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 2026-2027: **$388** (Please renew your membership if you have not done so)

Name: _____ **Telephone: (W)** _____

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** * **(CVC # is required for MC holders)** _____ * ***Please email registration form with legible credit card info to ccdsbc.ca@gmail.com***

Cardholder Name: _____ **Card Number:** _____ **Expiry:** _____