Building Your Dream Esthetic Dental Practice: Team Driven Diagnosis, Treatment Planning and Acceptance

USC School of Dentistry
Friday - Saturday, September 23 - 24, 2005
9:00 a.m. - 5:00 p.m.
Online registration available at www.uscdentalce.org

Upcoming Events

TEMPOROMANDIBULAR DISORDERS, ARTHROCENTESIS AND BOTOX/TRIGGER POINT INJECTIONS
Friday - Saturday, July 15 - 16, 2005

IMPROVING WOMEN’S ORAL HEALTH: NEW STRATEGIES FOR LIFE-LONG RESULTS
Friday, July 22, 2005

31ST ANNUAL REVIEW OF CONTINUING EDUCATION IN DENTISTRY
Kauai, Hawaii: Saturday - Tuesday, July 30 - August 2, 2005
Maui, Hawaii: Thursday - Sunday, August 4 - 7, 2005

THE ARTISTIC DENTIST: EXCELLENCE IN DIRECT ANTERIOR AND POSTERIOR COMPOSITES
Friday - Saturday, August 26 - 27, 2005

USC COMPREHENSIVE SURGICAL & RESTORATIVE IMPLANT TRAINING PROGRAM
Friday - Sunday, September 9 - 11, 2005
Friday - Sunday, October 7 - 9, 2005
Friday - Sunday, November 18 - 20, 2005

DIGITAL RADIOGRAPHY IN DENTISTRY: TODAY AND TOMORROW
Friday, September 30, 2005

EMERGING DISEASES, INFECTION CONTROL AND CALIFORNIA LAW
Saturday, October 1, 2005

UPDATE IN EARLY ORAL CANCER AND PRECANCER DETECTION
Saturday, October 15, 2005

ADVANCE BONE GRAFTING FOR IMPLANT SITE PREPARATION
Saturday, October 15, 2005

THE USC FOURTH INTERNATIONAL ENDODONTIC SYMPOSIUM
Friday - Saturday, October 21 - 22, 2005

PAIN MEDICATIONS UPDATE FOR DENTISTS TREATING CHRONIC PAIN AND MUCOSAL DISEASE
Friday - Saturday, October 21 - 22, 2005

108 Years of Tradition and Excellence

Building Your Dream Esthetic Team

Registration Form

FIRST NAME __________________________
MIDDLE NAME _______________________
LAST NAME __________________________
TITLE ___________________ SPECIALTY __________
ADDRESS ____________________________________________________________
CITY ______________________ STATE ______ ZIP __________
PHONE ( ) ______ - ____________________
FAX ( ) ______ - ____________________
E-MAIL ____________________________
☐ MASTERCARD ☐ VISA ☐ CHECK ENCLOSED
CARD NUMBER _______________________
EXPIRATION DATE ___________________
TOTAL PAYMENT $ __________________
SIGNATURE ________________________

Registration Fees

Before September 1, 2005
Dentist: $795
Auxiliary: $195

After September 1, 2005
Dentist: $845
Auxiliary: $235

Please make checks payable and mail to
USC School of Dentistry
Office of Continuing Education
925 W. 34th Street, Room 201J
Los Angeles, CA 90089-0641
Phone: 213.821.2127
Fax: 213.740.3973
E-mail: cedental@usc.edu
Website: www.uscdentalce.org

Refunds are granted only if a written cancellation notification is received at least 21 days before the course. 50% of the tuition fee will be refunded if cancellation occurs within 14 days before this course. No refund is granted afterwards. A $50 fee is withheld for processing. For additional registrations, xerox this form and send.
Upon completion of this course you will be able to:

• Understand the importance of diagnosis and case selection for ideal esthetic results
• Create an effective record-taking system, knowing when and how to use photography, models and wax ups
• Perform smile design
• Build a winning team and enhance team dynamics
• Understand what patients really want and measure patient satisfaction
• Provide a team-driven patient education
• Understand the value of highly focused and motivated dental team in order to increase patient satisfaction
• Educate, motivate and inspire patients for complete and more esthetic oral health care
• Help your patients understand the value of your services to achieve a greater level of treatment acceptance

**Registration Fees**

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**Testimonials**

- This was a great class. The doctor and his staff were very generous with their knowledge and created a warm environment that allowed great dialogue and instruction. Very useful class!

   Very good. Group interaction was excellent.