

**SPECIAL INVITATION FROM
THE ACADEMY FOR IMPLANTS AND TRANSPLANTS
MARCH 23-24, 2012 UPLAND, CALIFORNIA**

LIVE SURGICAL SEMINAR

NEW FRONTIERS IN IMPLANT DENTISTRY: Understanding Chronic Disease, Minimally Invasive Dental Implants, Treating Ailing and Failing Implants, and the Treatment of Dental Infections with Ozone

COURSE LOCATION



The SmileStudio
Office of William C. Domb, DMD
190 N Mountain Ave
Upland CA 91786
909 981 6400 office
See http://www.smilestudio.com/contact_us.html for a map

COURSE DESCRIPTION This two day course combines lectures and live surgery sessions presented by an outstanding group of clinicians who will share their exceptional knowledge in a scientific and live clinical environment.

- **Lectures** will focus on various implant modalities and bone grafting materials; indications and contra-indications; selection protocols; surgical procedures and prosthetic restoration.
- **Live Surgery** will demonstrate case diagnosis, treatment planning and implant selection, various surgical techniques of implant placement and prosthetic restoration.

LECTURE TOPICS

Donald P. Callan DDS

Achieving Optimal Esthetics with Dental Implants

David D. D'Alise DMD

Diagnosis and Treatment Planning for Single Stage Selective Loading Implants

William C. Domb DMD

A Brief Introduction Into Ozone in Implantology--Major Benefits

Douglas M. Martin DDS, FAIT

Reconstruction of Atrophic Mandibles with Custom Osseous Integrated Implants

William D. Nordquist DMD, MS, FAIT

Relationship Between Periodontal Disease and Chronic Systemic Disease. The Custom Endosteal Implant, Fluorapatite, and Its Application to Revisional Implants

Professor Maurice Valen

Bone Grafting and Implant Placement in D₄ Bone

COURSE FEE \$ 950.00 total for 2-day course, including 2 light breakfasts, lunch and Friday night dinner. Registration Forms can be emailed to ait2011@aol.com or **faxed to 718 464-9620**. MasterCard, Visa and American Express accepted. Make checks by mail payable to the Academy for Implants and Transplants, 198-45 Foothill Avenue, Jamaica NY 11423.

RELEASE FROM LIABILITY To attend this meeting, please sign the Release from Liability Form and return to the Central Office by March 19, 2012, by email or fax.

CE CREDITS The AIT designates this activity for 16 continuing education credits.

FRIDAY DINNER All are invited as our guests. Dinner should be about 6:30 p.m. at the Ocean Buffet (Chinese and Japanese Seafood). If you have any special food requirements for this dinner or during the course, please let us know

TRAVEL Ontario International Airport (ONT) is about 10 minutes from seminar. Los Angeles International Airport (LAX) is about 1 hour west.

AREA HOTEL SUGGESTIONS

DoubleTree by Hilton Ontario Airport
222 N Vineyard Ave, Ontario, CA, 91764
866-539-0036

Residence Inn Ontario Airport (Marriott)
2025 Convention Center Way, Ontario, CA 91764
909-937-6788

Embassy Suites Ontario Airport
3663 East Guasti Road, Ontario, California, 91761
909-605-0281

Super 8 Motel - Upland
1282 W 7th St, Upland, CA, 91786
866-539-0036

CANCELLATION POLICY: 75% of registration fee will be refunded if request is received on or before January 30, 2012; between February 1 and February 14, 2012, 50% will be refunded. No refunds will be made after February 14, 2012.

***** SPECIAL NOTE*****

All participants will receive a number of study programs
on DVD produced by Dr. Domb detailing the
COII design philosophy and placement processes



The Academy for Implants and Transplants (AIT) is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about the AIT may be directed to the provider or to ADA CERP at www.ada.org/goto/cerp. The current term of approval extends through Spring 2012.



The Academy for Implants and Transplants (AIT) is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends through Spring 2012.

**NEW FRONTIERS IN IMPLANT DENTISTRY
DESIGNATED FOR 16 CE CREDITS**

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

REGISTER BEFORE MARCH 1ST and SAVE

	By Feb 29	After Feb 29	On-Site
<input type="checkbox"/> Dentist/Non-Member	\$ 900.	\$ 950.	\$1050.
<input type="checkbox"/> AIT Member	\$ 750.	\$ 800.	\$ 950.
<input type="checkbox"/> Hygienists/Assistants	\$ 250.	\$ 300.	\$ 300.
<input type="checkbox"/> Spouse/Companion	\$ 250.	\$ 250.	\$ 250.
 <input type="checkbox"/> I would like to pay my dues now through June 2012 and receive my copy of the journal at time of registration			 \$ 195.

TOTAL ENCLOSED \$ _____

PAYMENT OPTIONS:

Check Visa Card Master Card American Express

Credit Card# _____ Exp Date _____

Cardholder signature _____

Billing Address (if different) _____

Credit Card: fax to 718 464-9620 or submit copy by email to AIT2011@aol.com

By Mail: Checks should be made payable to Academy for Implants and Transplants and mailed to
198-45 Foothill Avenue, Jamaica NY 11423-1611

QUESTIONS?? CALL CENTRAL OFFICE AT 718 776-3069

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Academy for Implants and Transplants

Dedicated to Implant Education and Live Surgical Training

RELEASE FROM LIABILITY FORM

Activity: Academy for Implants and Transplants (AIT) in collaboration with SmileStudio
Location: SmileStudio, 190 North Mountain Avenue, Upland CA 91786
Dates: March 23-24, 2012

To be completed by all participants:

- Registered Attendee Patient Seminar Surgeon Exhibitor Visitor

I, _____, am of legal age or older and understand that I will be voluntarily participating in the above-named activity. In consideration of the AIT and William Domb DMD/Nathan Pfister DDS/SmileStudio permitting me to participate in this activity, I, in full recognition and appreciation of any and all risks, hazards, or dangers, if any, inherent in this activity, to which I may be exposed, do hereby agree to assume all of the risks, responsibilities and liabilities for all claims and/or losses regarding my participation in such activity/Surgical Seminar.

I do for my self, my heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the AIT and William Domb DMD/Nathan Pfister DDS/SmileStudio, their trustees, officers, agents and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my participation in this activity and/or which may result from causes beyond the control of, and without the fault or negligence of the AIT and William Domb DMD/Nathan Pfister DDS/SmileStudio, their trustees, officers, agents and employees, during the period of participation of aforesaid and thereafter.

I have had the procedure, its risks, alternatives and benefits fully explained to me and have had all my questions answered satisfactorily. I understand that the AIT and William Domb DMD/Nathan Pfister DDS/SmileStudio, their trustees, officers, agents and employees assume and accept no liability for wages of any kind, personal injury, loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this release to be signed this _____ day of _____, 2012.

SIGNATURE OF PARTICIPANT

SIGNATURE OF WITNESS

PRINTED NAME OF PARTICIPANT

PRINTED NAME OF WITNESS