



PRESENTED BY:  
**DR. GARY ALEX**

DATE: **FRIDAY November 9<sup>th</sup>, 2018**

LECTURE: **8:00 a.m. – 3:30 p.m.**

CREDIT HOURS: **6**

LOCATION:

**1100 W. Irving Park Road  
Schaumburg, IL 60193**



## TECHNIQUES AND MATERIALS FOR MORE PREDICTABLE AND PROFITABLE DENTISTRY

The successful placement of direct composites and other bonded restorations requires an understanding of the materials being utilized, the substrate being bonded to, and a logical and precise clinical protocol. This program will share with you very specific techniques and guidelines based on the latest research, materials, and adhesives that will make placing composite and other restorations more predictable and profitable. Many of the controversies and confusion surrounding adhesive and composite dentistry will be discussed. There will also be a discussion of the latest vital pulp-capping techniques.

### At the conclusion of this course the doctor should be able to:

1. Understand the most predictable way to bond to zirconia, lithium disilicate, and porcelain.
2. Confidently select the ideal material depending on the clinical situation
3. Use new and innovative materials for direct and indirect pulp capping
4. Understand the different benefits of various direct composite placement techniques
5. Identify and address common pitfalls of bonding
6. Confidently select a bonding protocol for various procedures
7. Use very specific techniques to simplify and standardize placement of direct and indirect restorations.

## REGISTRATION APPLICATION

**TUITION: \$99**

Course Recommended for Dentists

Dr. **Please provide information for EACH attendee. Please print or type clearly:**

Mr. \_\_\_\_\_

Mrs. \_\_\_\_\_

Ms. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

\_\_\_\_\_  
Name of Practice

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### REGISTRATION PAYMENT

Credit Card Type: **Visa**      **Mastercard**      **American Express**

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Credit Card Exp. Date

IF PAYING BY CHECK, PLEASE MAKE CHECK PAYABLE TO BISCO, INC., MEMO: REGISTRATION, NOVEMBER 2018 CE.

MAIL FORM & PAYMENT TO:

**BISCO DENTAL**  
**1100 W. IRVING PARK ROAD**  
**SCHAUMBURG, IL 60193**  
**ATTN: COREY NORLANDER**  
**RE: REGISTRATION, NOVEMBER 2018 CE**

IF PAYING BY CREDIT CARD, YOU MAY OPT TO FAX FORM TO 847-534-6145 AND AN EMAIL WILL BE SENT CONFIRMING YOUR REGISTRATION.

FOR QUESTIONS REGARDING EVENT, PLEASE CONTACT:  
COREY NORLANDER  
CNORLANDER@BISCO.COM,  
PHONE/FAX: 847-534-6145

### Cancellation Policy:

100% refund by November 1<sup>st</sup>  
No refund issued after November 2<sup>nd</sup>

**ADA C.E.R.P.<sup>®</sup>** | Continuing Education Recognition Program

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BISCO designates this activity for 6 continuing education credits.



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