

AL SALAM GROUP OF DENTAL CENTRES, AL AIN

Date: 8th March 2019, Friday

Venue: Ayla Hotel, Al Ain

CME 1 : STERILIZATION & DISINFECTION

Accredited for 5 CME Hours by HAAD Time: 7:30 AM – 1 PM

SPEAKERS	TOPICS
Dr. Sanjeeda Akhter MBBS <i>General Practitioner, ER Dept, Cedars Jebel Ali International Hospital, Dubai, UAE</i>	◆ Sterilization and Disinfection

TARGET AUDIENCE (DENTAL & MEDICAL)

- ✚ Medical Practitioners, Consultant & Specialist Physicians
- ✚ GP Dentists, Specialists & Consultant Dentists
- ✚ Clinical Support
- ✚ Nursing & Midwifery

CME 2 : GEARING UP FOR CLINICAL CHALLENGE

Accredited for 4 CME Hours by HAAD Time: 1:00 PM – 06:00 PM

SPEAKER	TOPICS
Dr.Sonia Bhat <i>Specialist Prosthodontist, Al Salam Group of Dental Centres, Al Ain, UAE</i>	❖ Diagnosis of Temporomandibular disorders
Dr.Sajith Abdul Lathif <i>Specialist Periodontist Al Salam Group of Dental Centres, Al Ain, UAE</i>	❖ Management of Temporomandibular
	❖ Post- insertion troubleshooting in CD
	❖ Oral Hygiene

TARGET AUDIENCE (DENTAL)

- ✚ GP Dentists
- ✚ Specialists Dentists
- ✚ Dental Clinical Support
- ✚ Nursing & Midwifery

Registration Fee	Doctors			Other Health Professionals		
	CME1	CME2	CME1&CME2	CME1	CME2	CME1& CME2
Before 28 th February2019	AED 200	AED 150	AED 300	AED 125	AED 100	AED 200
After 28 th February 2019	AED 250	AED 200	AED 400	AED 150	AED 125	AED 250

Payment Details

Bank Name: Abu Dhabi Commercial Bank (ADCB)

A/c No: 10642023920001

IBAN No : AE250030010642023920001

Swift Code : ADCBAEAA; Branch : Bawadi Mall

Account Name: New Al Salam Center for Orthodontics & Dental.

Note: Please email or fax the copy of your bank receipt along with the registration form if you have done payment through the bank.

For Registration:

Mr. Biji Balan

Mobile: 055-9948542/ 050-6236891

Tel: 03-7646510, Fax: 03-7640436

Email : alsalamcme2019@gmail.com / alsalamodc@gmail.com

PO Box: 23648, Al Ain, UAE

Registration Form

Name: _____

(Name should be written as it should appear in the certificate)

Designation: _____

Facility: _____

Mob: _____ Fax: _____

Email: _____

CME1

CME2

CME1 & CME2