GNYDM PREVIEW

DENTAL TRIBUNE

The World's Dental Newspaper · U.S. Edition

NOVEMBER 2013 — VOL. 8, NO. 11

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IMPLANT TRIBUNE

TOP IMPLANTOLOGISTS HONORED

American Academy of Implant Dentistry bestows its highest awards.

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HYGIENE TRIBUNE

ORAL HEALTH AMERICA BACKS MID-LEVEL CARE

'State of Decay' report calls for expansion of dental hygiene workforce.

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ENDO TRIBUNE

ENDODONTICS IS 'EXCITING'

Edgar D. Coolidge Award recipient Dr. Samuel O. Dorn discusses his career.

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Everybody's going to be there: GNYDM

Greater New York Dental Meeting could attract 54,000

It's a pretty straightforward formula: Start with one of the world's most interesting cities during one of its most enchanting times of the year, then add a major dental meeting — and take away the preregistration fee. The result is not just the biggest dental congress and exhibition in the United States but one of the biggest gatherings across all sectors of health care: the Greater New York Dental Meeting (GNYDM).

New this year is a *ColLABoration* high-tech lab area on the exhibit floor that puts technicians and dentists side-by-side for a hands-on experience. Also new are *three tech pavilions* focusing on CAD/CAM, cone-beam and lasers.

This 89th edition of the GNYDM, Nov. 29–Dec. 4, is expected to attract about 1,500 exhibitor booths, and organizers are ready to surpass last year's attendance of 53,481. International attendance, too, is expected to tick up beyond last year's 6,600 from 127 countries.

To better serve these international attendees, there are programs in Italian, French, Portuguese, Russian and Spanish. But the real appeal for all GNYDM attendees, of course, is the meeting's broad range of seminars and workshops. Educational offerings feature renowned clinicians from across the world delivering presentations on the latest advances in dentistry and health care.

The scope of the meeting is immediately apparent simply by glancing through a partial listing of the major subject areas: anesthesia, coding, cosmetic dentistry, medical emergencies, craniofacial pain, dental hygiene, endodontics, esthetics, implant dentistry, lasers, local anesthesia, occlusion, oral medicine, oral pathology, oral surgery, orthodontics, pain management, pediatric dentistry, periodontics, practice management, prosthodontics, radiology, restorative dentistry, sleep apnea, social media, special needs dentistry and more.

(Source: Greater New York Dental Meeting)

The doors open wide at the Jacob K. Javits Convention Center for attendees at the Greater New York Dental Meeting (2012 meeting is pictured). Educational offerings feature renowned clinicians from across the world delivering presentations on the latest advances in dentistry and health care.
Photo/Dental Tribune file photo

▸ See page A6

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Research reveals new clues about the power of fluoride

In an advance toward solving a 50-year-old mystery, scientists are reporting new evidence on how the fluoride in drinking water, toothpastes, mouth rinses and other oral-care products prevents tooth decay.

"Reduced Adhesion of Oral Bacteria on Hydroxyapatite by Fluoride Treatment" appears in the American Chemical Society journal Langmuir. It can be accessed via the "publications" link at *www.acs.org*. Karin Jacobs and colleagues explain that despite a half-century of scientific research, controversy still exists over exactly how fluoride compounds reduce the risk of tooth decay.

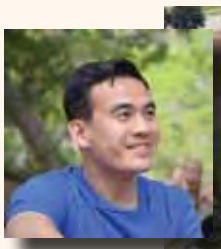
Research established long ago that fluoride helps harden the enamel coating that protects teeth from the acid produced by decay-causing bacteria. Recent studies confirmed that fluoride penetrates and hardens a much thinner layer of enamel than previously believed, lending credence to other theories about how fluoride works.

This latest report describes new evidence that fluoride also works by reducing the adhesion force of bacteria that stick to the teeth and produce the acid that causes cavities. Researchers tested the adhesion of *Streptococcus mutans*, *Streptococcus oralis* and *Staphylococcus carnosus* on a toothlike surface (smooth, high-density hydroxyapatite pellets) to enable high-precision analysis techniques.

The findings revealed that fluoride reduces the ability of the decay-causing bacteria to stick. That would indicate that fluoride contributes to making it easier for teeth to be washed of decay-causing bacteria by saliva, brushing and other activity.

(Sources: American Chemical Society, Langmuir and Science News Daily)

Poor oral health tied to cancer-causing oral HPV infection



Thanh Cong Bui, DrPH, postdoctoral research fellow in the University of Texas School of Public Health.

The School of Public Health at the University of Texas Health Sciences Center in Houston.
Photo/Dwight C. Andrews/The University of Texas Medical School at Houston Office of Communications

Poor oral health, including gum disease and dental problems, was found to be associated with oral human papillomavirus (HPV) infection, which causes about 40 to 80 percent of oropharyngeal cancers, according to a study published in Cancer Prevention Research, a journal of the American Association for Cancer Research.

"Poor oral health is a new independent risk factor for oral HPV infection, and, to our knowledge, this is the first study to examine this association," said Thanh Cong Bui, DrPH, postdoctoral research fellow in the School of Public Health at the University of Texas Health Sciences Center in Houston. "The good news is, this risk factor is modifiable — by maintaining good oral hygiene and good oral health, one can prevent HPV infection and subsequent HPV-related cancers."

The researchers found that among the study participants, those who reported poor oral health had a 56 percent higher prevalence of oral HPV infection, and those who had gum disease and dental problems had a 51 and 28 percent higher prevalence of oral HPV infection, respectively. In addition, the researchers were able to associate oral HPV infections with number of teeth lost.

Similar to genital HPV infection, oral HPV infection can be of two kinds: infection with low-risk HPV types that do not cause cancer but can cause a variety of benign tumors or warts in the oral cavity, and infection with high-risk HPV types that can cause oropharyngeal cancers.

Bui, Christine Markham, PhD, and colleagues used data from the 2009–2010 National Health and Nutrition Examination Survey (NHANES) conducted by the National Center for Health Statistics of the Centers for Disease Control and Prevention. This survey consisted of a nationally representative sample of about 5,000 people recruited each year, located in counties across the United States.

The researchers identified 3,439 participants aged 30 to 69 years from NHANES, for whom data on oral health and the presence or absence of 19 low-risk HPV types and 18 high-risk HPV types in the oral cavity were available. Oral health data included four measures of oral health: self-rating of overall oral health, presence of gum disease, use of mouthwash to treat dental problems within past seven days of the survey, and number of teeth lost. They examined data on age, gender, marital status, marijuana use, cigarette smoking, and oral sex habits and other factors that can influence HPV infection.

The researchers found that being male, smoking cigarettes, using marijuana and having oral sex increased the likelihood of oral HPV infection. They also found that self-rated overall oral health was an independent risk factor for oral HPV infection, because this association did not change regardless of whether or not the participants smoked or had multiple oral sex partners.

Because HPV needs wounds in the mouth to enter and infect the oral cavity, poor oral health, which may include ulcers, mucosal disruption or chronic inflammation, may create an entry portal for HPV, said Bui. There is, however, currently not enough evidence to support this, and further research is needed to understand this relationship, he said.

"Although more research is needed to confirm the causal relationship between oral health and oral HPV infection, people may want to maintain good oral health for a variety of health benefits," said Bui. "Oral hygiene is fundamental for oral health, so good oral hygiene practices should become a personal habit."

(Source: University of Texas School of Public Health)

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Cosmetic periodontal surgery (Part 4A):

Barriers of success

By David L. Hoexter, DMD, FACD, FICD, Editor in Chief

Part 4A of this series on cosmetic periodontal surgery deals with various barriers that have historically been used to aid periodontal regeneration. This article is limited to the use of barriers to achieve predictable regenerative coverage of unesthetic root recession using the guided tissue regeneration (GTR) technique with resorbable barriers. It also includes a case study on the use of a polylactic acid membrane to regenerate gingival root coverage where root recession is clinically noted.

Periodontal disease leads to destruction that causes a void in which undesired cells have diminished the supportive periodontia. Proper periodontal surgery to correct this hinges on proper regeneration of the lost tissue.

Restoration of the lost periodontia involves regenerating the lost supporting structures, including alveolar bone, connective tissue, keratinized epithelium, periodontal ligament and cementum. By placing a barrier to inhibit the undesired cells — and enabling the desired progenitor cells to procreate — we can selectively guide the desired restoration of the lost periodontia.

For the past 50 years or so, regeneration of the periodontia, including both osseous and soft tissue, has been achieved successfully by the use of barriers. The most popular barrier to date is a membrane, although there have been several other barriers used as the technique has developed.

A barrier should create and maintain a sufficient space where an adequate blood supply can form to enable regeneration to occur. The space must be preserved for a certain period of time, and the barrier should be immobile for that same time period. The barrier needs to preserve this space while preventing epithelial cells and connective tissue cells from migrating into it. But the barrier also must be porous, so that metabolites can penetrate through it to keep the underlying developing regrowth alive.

With the GTR technique, popularized by Dr. Nieman, we can inhibit the causal factors of the periodontal disease, thus preventing reoccurrence and enabling proper cellular regeneration.

This technique involves forming a porous barrier membrane that excludes the undesired cells, yet allows nutriment through its porous membrane to aid the selective population by undifferentiated mesenchymal — advancing the regenerative goal.

Historically, different materials were developed to act as barriers for use in the GTR technique. Initially, nonresorbable membranes were used. A Teflon barrier expanded polytetrafluoroethylene (ePTFE) membrane that was porous was popularized by Gore. This ePTFE, like its more economical equal, Sartorius, as well as other nonresorbable barriers, such as Millipore filters, worked well. However, because they are nonresorbable, they required a second surgical procedure after the healing process was complete, usually months later, to remove the nonresorbable membranes. This second procedure required another round of local anesthetic and another uncomfortable healing period.

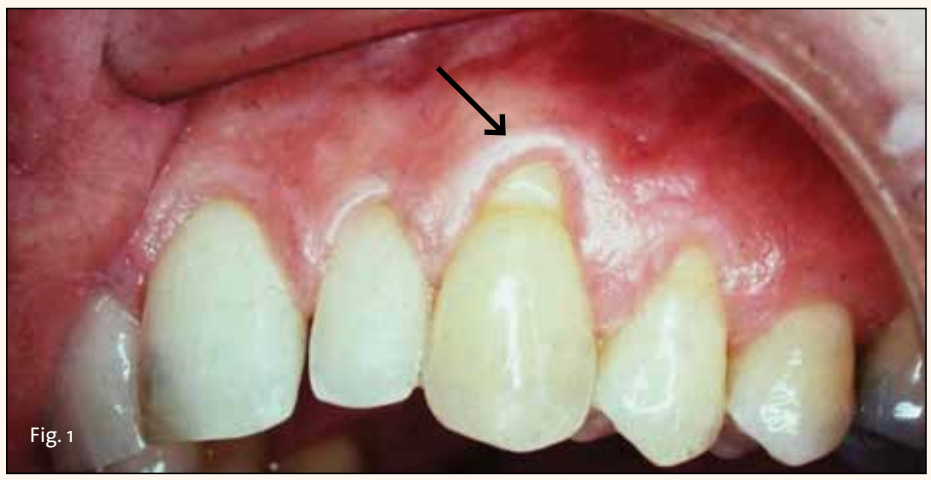

Fig. 1: Recession of the upper left cuspid #11 is of primary concern to the patient. Also present is the recession of the #12, which is of no esthetic concern to the patient. After discussion about treatment options, the patient opts not to use a membrane barrier in the treatment of the #12. Photos/Provided by Dr. David L. Hoexter

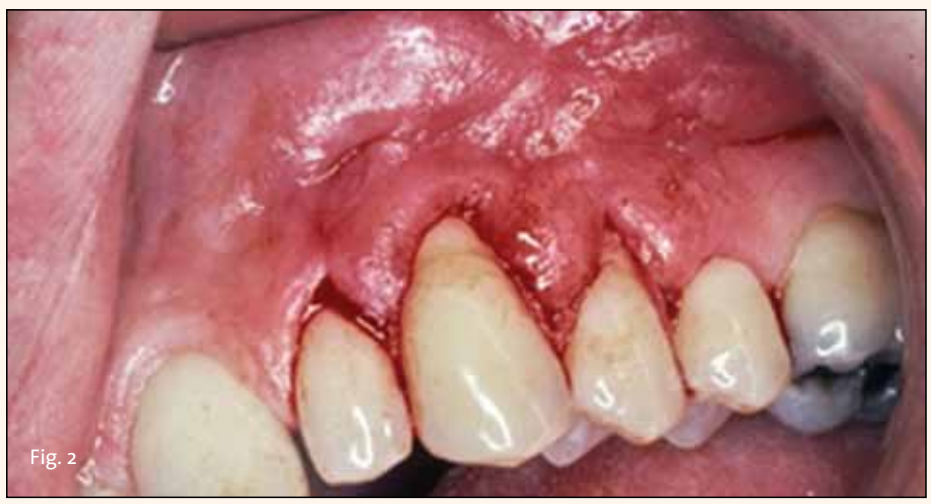

Fig. 2: The incised surgical area is seen following administration of local anesthetic and initiation of the procedure. Prior to surgery, no sensitivity to temperature change is confirmed in tooth #11 and #12. Also determined is that aggressive oral hygiene, especially with brushing, is a primary contributing factor to the recession.

Other Teflon membranes, which were nonporous and nonresorbable, also were available, but they were not recommended for GTR because their lack of porosity inhibited essential nutrition from passing through, thus blocking newly forming blood supply from regenerating. These Teflon membranes have, in fact, the same regenerative properties as a rubber dam and should not be used or contemplated for GTR.

The limitations of these early barriers prompted companies to develop resorbable barrier membranes that eliminated the necessity of a second surgical procedure, much to the appreciation of patient and practitioner alike. These membranes have all the desired qualities of the nonresorbable group but do not need a second surgical procedure to be removed. Different materials lead to different rates of absorption time, resulting in different times of inhibition of epithelium and/or connective tissue invagination. Different materials may result in different consistency of results.

The resorbable membrane barriers used most frequently in cosmetic root recession coverage are divided into three main groups, based on the materials: 1) polyglactin acid, 2) polylactic acid, and 3) collagen.

The polyglactin and polylactic membranes are similar except that polylactic acid membranes contain a citric acid ester that enables them to be malleable.

Resorbable polylactic barrier membranes were the first popular resorbable membranes approved by the FDA. Produced under the commercial name of Guidor, the product was developed for GTR procedures, and its malleability made clinical handling easier. The resorbsion of this material is through hydrolysis. Results show no soft-tissue reactions during healing, and yet, there are reduced probing depths during healing, and a definite gain of clinical attachments. This article is limited to the use of GTR specifically in recession-coverage regeneration.

Membrane barriers of polyglactin acid were still used after Guidor received approval from the FDA. However, one of the principles of a regenerative membrane is its period of longevity. It is accepted that the barrier should be stable and present in the desired position for at least six to eight weeks. The polyglactin barriers of the era resorbed inconsistently. Reports of resorbsion varied in ranges of time. The barriers were not present long enough to consistently meet the time required for success. Therefore, this article limits its focus to the use of polylactic membrane, which consistently meets the required time period for retention.

Case presentation

The patient, a 31-year-old male, presented at my office with gingival recession. His chief complaint was his gingival recession in his upper left cuspid (#11). There was no sensitivity to temperature change. He was aggressive in his oral hygiene, especially with his brushing. Noted was the abrasion of the #11 at the recessed root exposed area. He was concerned with the appearance of looking older than he was and with the probability of living with the longer-appearing tooth (#11).

The upper left first bicuspid (#12) also had recession and root exposure, although it was not noticeable to the patient. Both the #11 and #12 were asymptomatic, but only the more noticeable #11 bothered the patient visually (Fig. 1).

Local anesthetic was administered. Then, using a #15 blade, the sulcular incision was performed from the gingiva to the osseous crest (Fig. 3). This is done to preserve the keratinized gingiva necessary for our final goal.

Buccal flap reflection, using the Hoexter

▸ See BARRIERS, page A4

◂ BARRIERS, page A3

periosteal elevator by Hu-Friedy, revealed the extent of the recession of both the cuspid and the bicuspid buccally. Most important is the preservation of the interproximal tissue. Keeping the interproximal gingiva is paramount for the blood supply of the interproximal tissue. This avoids loss of interproximal tissue, which would result in dark-appearing interproximal voids, referred to as "black diamonds."

Placement of the Guidor membrane covering the recessed labial root of #11 is done next (Fig. 4). The labial recession of #12 was left without a membrane. No scaling was done nor chemicals applied to either root.

Next, the coronal repositioned flap technique was performed. This coronally repositions the gingival tissue, especially the preserved keratinized gingiva. The tissue was then sutured in the desired position. The tissue now will cover all the recession as well as the membrane (Fig. 5).

Figure 6 shows how the color of the newly attached keratinized gingiva achieved on the previous recessed root of #11 blends in with the symmetrical background tissue, giving the esthetic appearance desired while restoring health. Note also that #12, without using the barrier GTR, does not regenerate gingival coverage and returns to the original recession level.

The patient was thrilled with the results and continued to maintain his oral hygiene with our professional help. The results remained consistent for more than 11 years before the patient changed locations.

Conclusion

Root recession coverage using the GTR technique (with a polylactic barrier by Guidor in this case study), resulted in regeneration of the gingival coverage of the recessed root. In the same patient on an adjacent tooth, using the same technique but without the barrier utilized on the first tooth, the technique resulted in the recession returning to its original level.

It should be noted that, before doing any root coverage technique, the cause of the recession, such as toothbrush abrasion or other oral-hygiene habits (especially occlusal trauma), or any local causes that might have led to the recession, should first be addressed. In this case, with cosmetic periodontal surgery, the patient was thrilled with the results.

Editorial Note: Part 1 in this series appeared in the Dental Tribune U.S. Edition, Vol. 4, No. 13/14; Part 2 in Vol. 6, No. 17; and Part 3 in Vol. 7, No. 11.

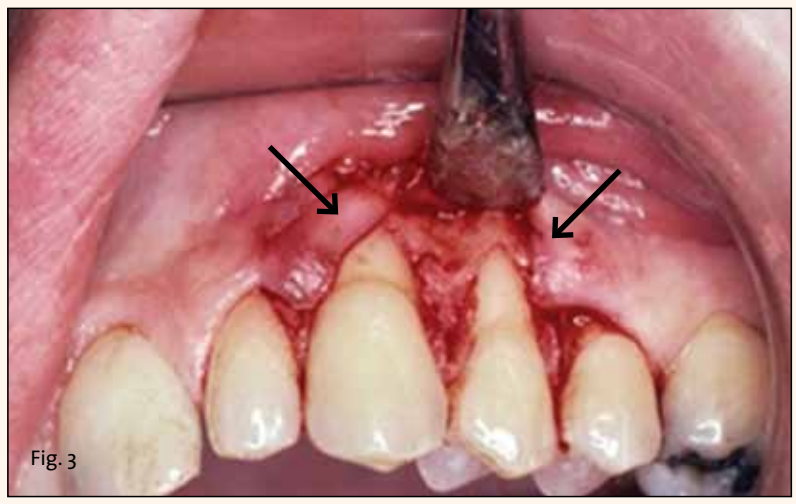

Fig. 3: Reflected buccal tissue of the surgical site. The sulcular incision is performed from the gingiva to the osseous crest. Notice the equal amount of exposed root on both #11 and #12.

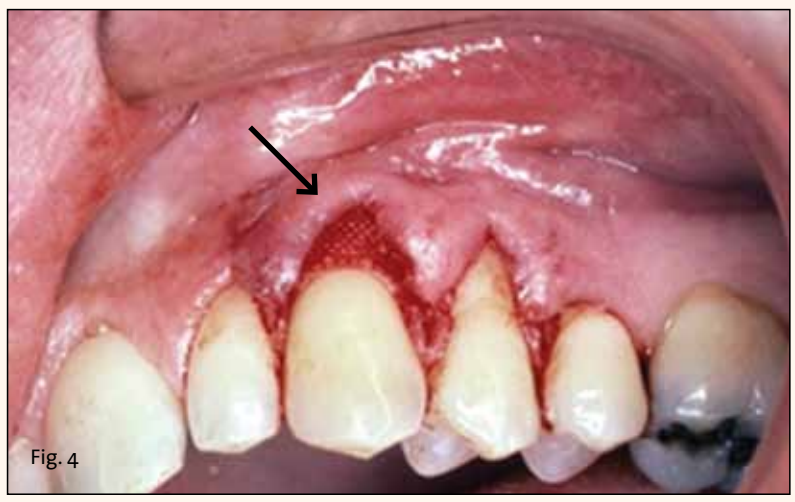

Fig. 4: The polylactic membrane is placed on #11, and, as discussed with the patient, no barrier is placed on #12.

Fig. 5: The coronally repositioned flap, sutured in the desired position to cover the previously recessed area on both #11 and #12.

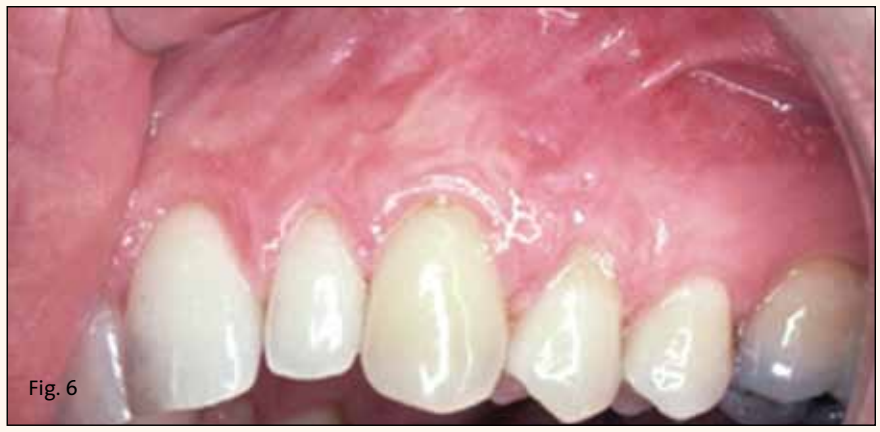

Fig. 6: Gingival coverage is achieved on the previous recessed root of #11. The color of the newly attached keratinized gingiva blends in with the symmetrical background tissue, giving the esthetic appearance desired — while restoring health. Note also that #12 without using the barrier GTR does not predictably regenerate gingival coverage and results in a recession once again.

DAVID L. HOEXTER, DMD, FICD, FACD, is director of the International Academy for Dental Facial Esthetics, and a clinical professor in periodontics at Temple University, Philadelphia. He is a diplomate of implantology in the International Congress of Oral Implantologists as well as the American Society of Osseointegration, and a diplomate of the American Board of Aesthetic Dentistry. He lectures throughout the world and has published nationally and internationally. He has been awarded 11 fellowships, including FACD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and esthetic surgery. He can be reached at (212) 355-0004 or *drdavidlh@gmail.com*.

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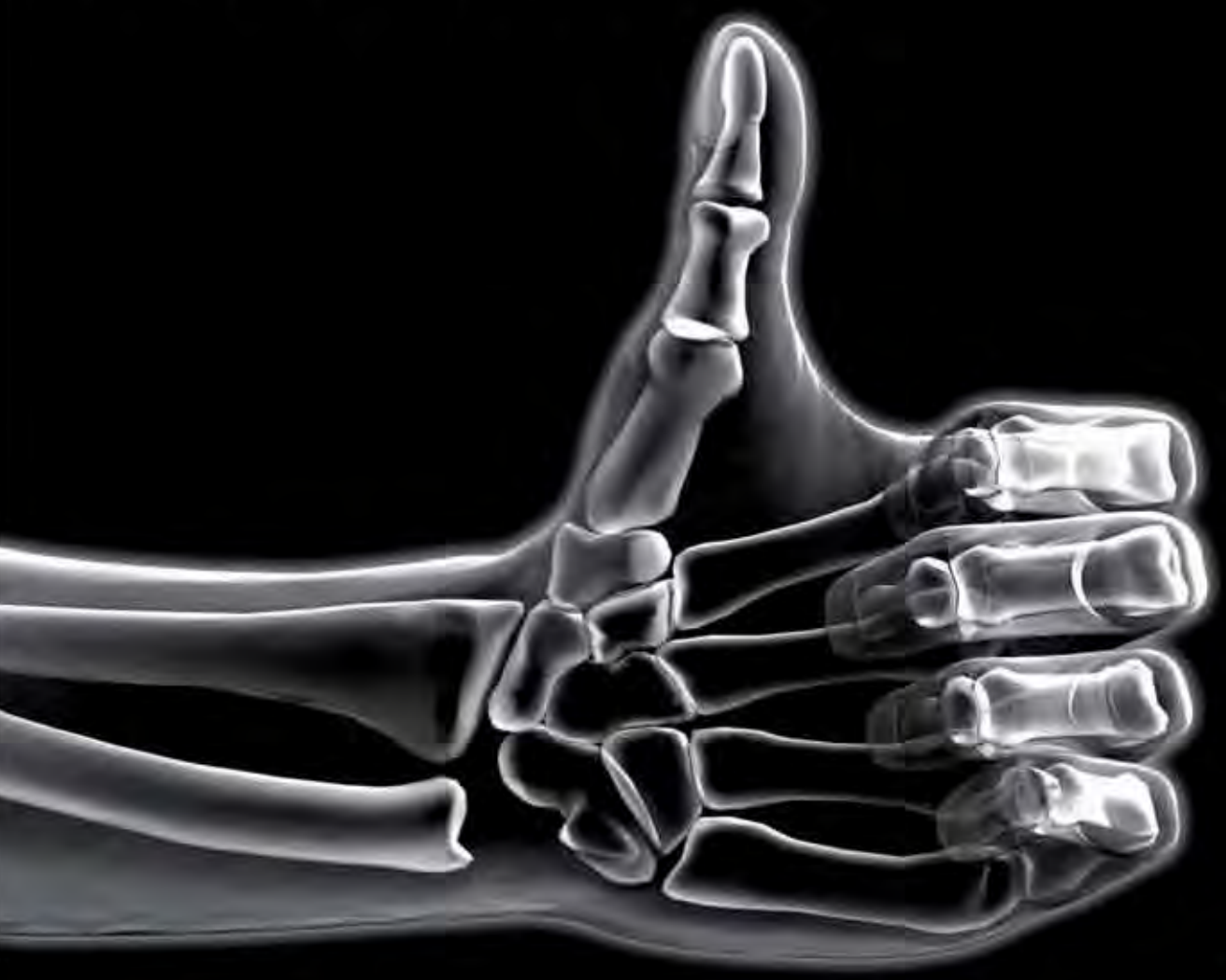

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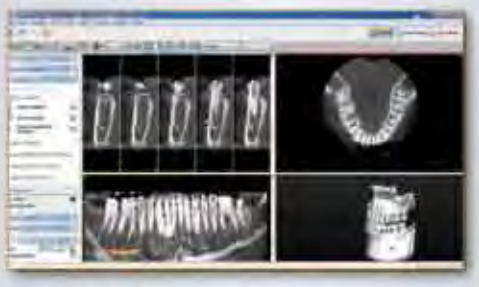

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Greater New York Dental Meeting exhibit hall packs in more events

By Jayme McNiff Spicciatie
Greater New York Dental Meeting

The Greater New York Dental Meeting (GNYDM), Nov. 29–Dec. 4, expands to more than 1,500 exhibit booths housing more than 600 companies. The ongoing partnership between the GNYDM and the U.S. Department of Commerce International Buyer Program provides an opportunity to meet worldwide senior level volume buyers as well as receive export counseling from government specialists to increase sales.

Free C.E. in exhibit hall ... and more

• *ColLABoration* brings dentists and technicians together in a laboratory exhibit area on the exhibit floor with specialized education, demonstrations, digital dentistry and technology that will engage technicians and dentists side-by-side in an integrated, hands-on experience.

• *Three tech pavilions* are being added to the exhibit floor, focusing on CAD/CAM, cone-beam and lasers.

• *New dentists' program* focuses on start-up strategies and pathways to practice ownership for the new dentist.

• *Women's program* focuses on challenges facing the female practitioner, including personal stories and professional advice on women's lifestyles in dentistry.

• *Dental assistant pavilion will be open* on the exhibit floor each day of the meeting.

• *"Real World: Dentistry for the Restorative Practice"* will be presented by Dr. Robert Lowe at the Friday, Nov. 29, opening session, at the New York Marriott Marquis Hotel in the Westside Ballroom fifth floor.

• *Botox, Dysport and dermal filler seminars, demonstrations and hands-on workshops* will include procedures on actual patients to teach dentists how to use Botox/Dysport and dermal fillers in their practices. They're offered Sunday, Monday and Wednesday.

• *More than 100 hands-on workshops will* feature the latest technological advances and the newest dental materials.

• With three days of the latest research and awareness of *dental sleep medicine*, you'll be able to learn how to establish dental sleep medicine protocols in your practice, identify patients at risk, integrate medical practice systems and treat patients successfully.

• *Learning and lunch panel discussions* are being offered Sunday and Tuesday. Attendees receive free C.E. and a free lunch at the close of the program. Space is limited.

• An *Invisalign Expo* will take place Sunday, Monday and Tuesday. Invisalign programming will be available for the entire dental team, enabling you to learn how to incorporate Invisalign into your practice.

To expand hospitality to attendees from across the world, the GNYDM is offering free multilanguage courses in French, Italian, Portuguese, Russian and Spanish.

The live dentistry arena, a 430-seat high-tech patient demonstration area, offers revolutionary concepts in treating patients with new materials and applications. The demonstrations take place on the exhibit show floor every morning and afternoon Sunday through Wednesday. There is no cost to attendees.

With three major international airports, Newark Liberty (EWR), Kennedy (JFK) and La Guardia (LGA) — and with discounted hotel rates for those attending the meeting — it should be easy for attendees to enjoy all that New York City has to offer at the beginning of the holiday season.

The GNYDM has room blocks at 39 hotels in Manhattan, with free round-trip bus service to the convention center. Visit the hotels and transportation page online at *www.gnydm.com* for room rates. And, as always, registration for the GNYDM is free.

Attendees visit the exhibit hall floor at the 2012 Greater New York Dental Meeting.
Photo/Dental Tribune file photo

2014 YDC: 'It all starts here'

By Yankee Dental Congress Staff

Boston, seen here from across Boston Harbor, hosts New England's largest dental meeting, the Yankee Dental Congress, featuring 300 continuing education courses and more than 450 exhibiting companies offering dental products and services. Photo/Tim Grafft, MOTT

"It All Starts Here" is the theme of the 2014 Yankee Dental Congress (YDC), New England's largest dental meeting, Jan. 29 through Feb. 2 at the Boston Convention and Exhibition Center.

The YDC is the fifth largest dental meeting in the country and is sponsored by the Massachusetts Dental Society, in cooperation with the dental associations of Connecticut, Maine, New Hampshire, Rhode Island and Vermont. Nearly 28,000 dental professionals from across the United States are expected to attend, attracted to the opportunity to choose from more than 300 dental continuing education courses and events taught by leading experts in dentistry.

New to YDC 2014 are live-patient hands-on courses on Botox and dermal fillers, Wednesday, Jan. 29. Dentists and dental teams will have the chance to learn the anatomy, physiology, pharmacology, diagnosis, treatment planning and delivery of Botox and dermal fillers, sponsored by the American Academy of Facial Esthetics.

On Thursday, Jan. 30, YDC is once again offering a Fast Track series, this year centered on the "Diagnosis and Treatment of Oral and Facial Lesions." This is an opportunity for dental professionals to learn about oral and facial lesions in six one-hour sessions presented by several different speakers.

The YDC has also added "Master the Skills of Marketing Your Practice: A One-Day Marketing Symposium" on Thursday. This new program is designed for dental professionals who want to learn the essentials of marketing a dental practice using both conventional strategies and modern, Web-based tactics.

"Dental Team Playbook," also on Thursday, is a spin-off of last year's "Team Development Day" and is perfect for dental assistants, dental hygienists and office personnel. Each team member will join his or her respective team for a session with an expert in the field, followed by a luncheon and "All-Team Huddle" for everyone.

Yankee's Conference for Women in Dentistry is back for its ninth year on three days: Thursday, Jan. 30, through Saturday, Feb. 1. The theme of the women's conference is "Surviving and Thriving: Treating Ourselves as Well as We Treat Our Patients." The conference will feature a luncheon with Elizabeth Somer, RD, author of "Eat Your Way to Sexy."

Hands-on cadaver programs will be featured on Thursday, Friday and Saturday during the YDC. Alan Budenz, DDS, and Mel Hawkins, DDS, will demonstrate "Local Anesthesia: Human Cadaver Dissection Lab" twice on Thursday. On Friday, Sharona Dayan, DDS, and Jon Suzuki, DDS, PhD, will teach "Crown-Lengthening and Mucogingival Surgery Using Cadavers" in the morning and afternoon. Saturday's full-day hands-on cadaver program, "Anatomy of the Masticatory System II: Clinical Application and Cadaver Dissection," will be led by Henry Gremillion, DDS.

The YDC also features a robust exhibit hall floor with the latest in dental products and technologies from 450-plus exhibitors, along with a variety of continuing education programs on the show floor. "Healthy Living Pavilion," "Live Dentistry" and "Dental Office Pavilion" are back again by popular demand. New to the show floor for YDC 2014 is "Social Media Hot Spot," a chance to earn continuing education credits while learning the value of social media in marketing a practice.

Entertainment and fun are large parts of YDC 2014. On Thursday, Jan. 30, join "Gone Girl" author Gillian Flynn for a "Lunch with Author" session in the afternoon. On Thursday evening, come together in fellowship and friendly competition for interactive games, music, stage acts, light snacks, prize giveaways and more — free for everyone at "Going for the Gold at Yankee!" Join Dan Abrams with "Man Down" for a fun and interesting afternoon on Friday, Jan. 31. Celebrate the Massachusetts Dental Society's 150th anniversary at its free commemoration on Friday evening.

YDC 2014 offers free admission to select courses, alumni events and computerized continuing education record-keeping.

For more information on Yankee Dental Congress 2014, call (877) 515-9071 or visit *www.yankeedental.com*.

Always a big draw at the Pacific Dental Conference, the exhibit hall's live dentistry stage features a wide range of procedures. Pictured from 2012 is Dr. Robert Lowe during his 'Anterior and Posterior Composite' demonstration. Lowe is scheduled to deliver two sessions at the 2014 PDC — one with an extra fee and limited attendance and and the other a general-attendance session. Photo/Provided by the Pacific Dental Conference

PDC schedules two days of live dentistry

Pacific Dental Conference to run from March 6–8

The 2014 Pacific Dental Conference, from March 6–8 (Thursday, Friday and Saturday) in Vancouver, British Columbia, features a varied selection of open C.E. sessions, hands-on courses and a live dentistry stage. One registration fee gives access to all 144 open sessions, which means no pre-selection of courses is necessary.

The variety of topics covered by more than 135 speakers means the entire dental team can access the latest information on dental technology, techniques and materials. Speakers in the 2014 lineup include John Kois, John Cranham, Sergio Kuttler, Greg Psaltis, Ross Nash, Derek Mahony, Rob Roda, Louis Malcmacher, Bart Johnson, Jesse Miller, Rhonda Savage and Nancy Andrews.

Two days of 'live dentistry' on stage

With the University of British Columbia Faculty of Dentistry celebrating its 50th anniversary, the PDC will present the "UBC Speakers Series," featuring UBC alumni addressing a variety of topics.

The Live Dentistry Stage is back in the exhibit hall, with demonstrations on Thursday and Friday. On Saturday, the "So You Think You Can Speak?" program features 50-minute presentations by speakers who responded to a call for presentations and were accepted by the meeting's scientific committee. A number of timely dentistry topics will be covered.

The exhibit hall should be busy with more than 300 companies projected to fill approximately 600 booths. Exhibition hours are 8:30 a.m. to 6 p.m. on Thursday and 8:30 a.m. to 5:30 p.m. on Friday.

Booking early recommended

Special hotel rates are available to PDC attendees, with early booking recommended to ensure availability. Reservations can be made directly with conference hotels via the links on *www.pdconf.com*. Registration is now open with early bird rates for all members of the dental team.

(Source: Pacific Dental Conference)

Smiles in the Sun keeps family first

Quality location plus quality education plus quality family time equals Smiles in the Sun 2014 in Longboat Key, Fla., April 24-27. Now you can earn C.E. credit while your family has a vacation that you can enjoy with them. All the programs are in the morning — leaving you the balance of your day to spend time with your family. In the past several years, many of the event's attendees have brought their children and enjoyed the reduced resort rates and the family-friendly accommodations and facilities of the Longboat Key Club and Resort. Come early or stay late — either way, the event organizers should be able to accommodate your requests.

The education, in addition to matching the caliber of the major dental meetings, according to event organizers, also delivers an opportunity for attendees to interact directly with the presenters in informal settings. Whether at the social events, by the pool or on the beach, all of the presenters visit with the attendees "after class" — in more of a relaxed environment. Smiles in the Sun also invites select vendors that represent some of the leading-edge materials and equipment being put to use in the profession. Attendees are able to learn about the values of these materials from both the experienced clinician and the manufacturer's representative — all in the same room.

When you're planning your spring vacation with the family, the Smiles in the Sun organizers encourage you to combine that time with a minimal educational obligation on Thursday, Friday and Saturday mornings. All credits are PACE/CERP approved.

An ice cream social is one of several family-focused afternoon activities during Smiles in the Sun, an event offering three mornings of continuing education. Photo/Provided by Smiles in the Sun

For more information you can visit *www.smilesinthesun.net* or contact Dr. Richard Weledniger at (631) 423-5200. Plan now to join the next event in April 2014 for what the organizers describe as a "sunsational" educational experience.

(Source: Smiles in the Sun)

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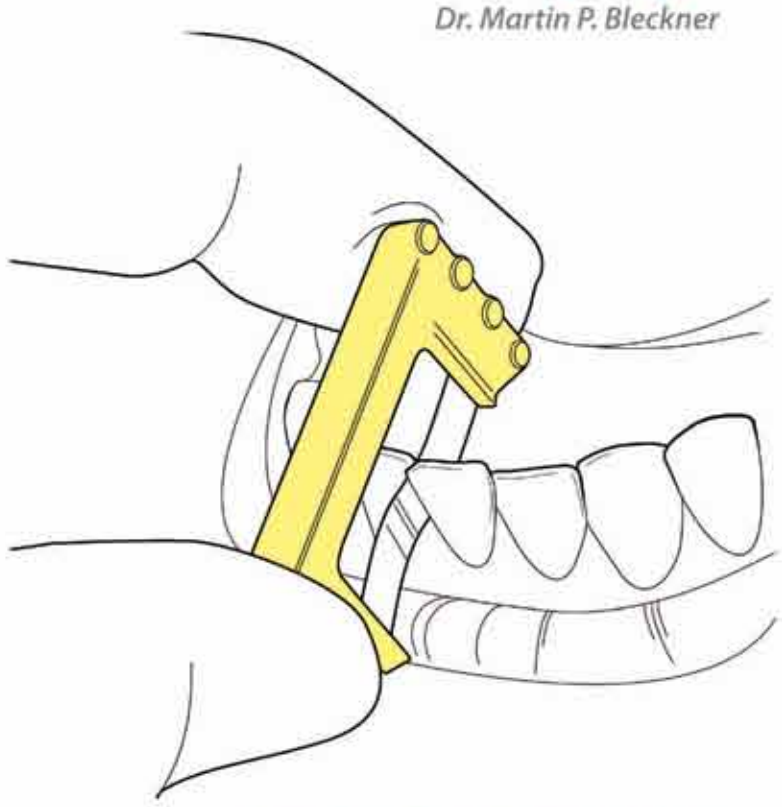

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