



RECONSTRUCTIVE PERIODONTAL PLASTIC SURGERY IN THE AESTHETIC ZONE

Prof. Giovanni Zucchelli

Bologna (Italy), 6-7 June 2016

MONDAY June 6, 2016

- 08:30** Registration
- 09:00** Aesthetic mucogingival surgery
- Prognosis of root coverage
 - Predetermination of root coverage
 - The flap moved coronally
 - Bilaminar techniques
 - Connective tissue graft removal
 - Connective tissue graft substitute (mucoderm®)
 - Wound healing in mucogingival surgery
 - Straumann® Emdogain® in mucogingival surgery
- 11:00** **Break**
- 11:30** Aesthetic mucogingival surgery
- Surgical treatment of multiple recessions in patients with aesthetic demands
- 13:00** **Lunch break**
- 14:00** Treatment of gingival recessions around implants
- Increase of keratinized tissue before and during implant installation
 - Increase of soft tissue thickness during implant installation
- 16:00** Hands on I
- 17:15** Hands on II
- 18:30** Closure
- 20:00** Dinner

TUESDAY June 7, 2016

- 08:45** Registration
- 09:00** Live surgery I
- 11:00** **Break**
- 11:30** Live surgery II
- 13:00** Discussion
- 14:00** Special Case Discussion / Q&A Session:
- In this two hour interactive session, clinical cases will be discussed and all remaining questions will be answered. You are welcome to bring your own case(s) to be discussed with Prof. Zucchelli and the group.
- 16:00** Closure

SUPPORTED BY



CONGRESS VENUE

Studio Dentistico Prof. Giovanni Zucchelli
Viale XII Giugno 26
40124 Bologna, Italy



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REGISTRATION FORM

| | | |
|---------------|-----------------------------|---------|
| Name | Surname | |
| Title | Address | |
| City | Zip | Country |
| Phone nr. | Mobile | Fax nr. |
| E-mail | Fiscal Code (Italians only) | |
| Date of Birth | Place of Birth | |

DETAILS FOR INVOICE (ESSENTIAL)

| | |
|---|----------------------|
| Name of individual or organization | E-mail (for invoice) |
| VAT ID Number/National Insurance Number | |
| Address Postal Code City | |

DECLARATION - Your signature is mandatory in order to process your registration!

According to the art. 13 D. Lgs 196/2003 FC EVENTI srl is authorised to use my personal data for purposes connected to Course management.

I also agree that my name and address may be transferred to Institut Straumann AG, Basel, Switzerland, and / or its affiliated companies to be used for marketing purposes. Straumann will treat your data carefully and in compliance with the applicable laws and regulations.

| | |
|------|-----------|
| Date | Signature |
|------|-----------|

REGISTRATION FEE (VAT 22% included):

€ 1.220,00

The registration fee includes:

- attendance to all scientific sessions
- congress kit
- attendance certificate
- coffee-break
- lunch
- dinner

CANCELLATION POLICY

All cancellations must be notified in writing to the Organising Secretariat. Refunds will be processed after the Course.

Refund of registration fees:

- 30 days or more prior to course commencement:
full refund of course fee
- 29-15 days prior to course commencement:
50% of course fee
- 14-0 days prior to course commencement:
no refund.

PAYMENT METHOD

Payment will be made by Bank Transfer to FC EVENTI srl
BANK: Banca Popolare di Milano - Agenzia 208 Bologna
ADDRESS: Via Guerrazzi 32 – 40125 Bologna, Italy
IBAN: IT58G0558402409000000000077
BBAN: G0558402409000000000077
SWIFT: BPMIITMMXXX

Bank charges are the responsibility of the payee. Please note that registration will not be effective until payment of the registration fee has been received by the Organising Secretariat.

ORGANISING SECRETARIAT

FC EVENTI SRL

Vicolo Posterla 20/2a

40125 Bologna

Phone nr. +39 051 236895

Fax +39 0512916933

E-mail: info@fc-eventi.com

www.fc-eventi.com

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