With participation by 28,000 dental professionals, the 2012 UAE International Dental Conference and Arab Dental Exhibition (AEEDC) is the largest dental meeting ever held in the MENA region. The 17th show, scheduled for the next three days, is expected to attract even more visitors, the organiser said.

According to Executive Chairman Dr Abdul Salam Al Madani, over 1,000 dental equipment suppliers from 70 countries in the region and around the world have already registered for the industry exhibition. To accommodate the increase in numbers, the exhibition space in the Dubai World Trade Center has been expanded this year to over 30,000 square metres. Increasing interest in the show by companies operating in countries outside the region is particularly noteworthy, Al Madani said.

Last year, the show saw participation by slightly more than 900 companies. In addition to a number of pre-conference and specialty courses, AEEDC will be offering an extensive programme of clinical presentations with a special symposium focusing on the new field of rapid orthodontics, as well as a full-day session on Wednesday, 6 February, dedicated to different aspects of aesthetic dentistry, including the use of dental CAD/CAM. Over 130 clinicians from around the globe will be presenting the latest research and treatment concepts in different fields of dentistry.

New concepts and ideas are also expected to come out of the tenth Global Scientific Dental Alliance Meeting, which will again be held in conjunction with the AEEDC this year. Furthermore, oral health prevention and treatment concepts in the region will be presented at the GCC Preventive Dentistry Conference, chaired by Prof. Abdullah R. Al Shammery, Dean of the Riyadh Colleges of Dentistry and Pharmacy in Saudi Arabia.

“Keeping dental professionals and related personnel updated is one of the important issues that have an impact on the quality of the services provided to the public by dental specialists,” commented Conference Chairman Dr Nasser Al Malik. “AEEDC Dubai has become an effective platform for providing continuing education in the dental field through lectures, advanced workshops, posters and a specialised dental exhibition, which all play a major role in dental education.”

AEEDC is currently recognised as a Continuing Education Recognition Program provider by the American Dental Association. Organised annually in cooperation with the Dubai Health Authority, the Dubai equivalent of a health ministry, it is part of the World Dental Exhibitions Alliance, an international network of dental trade shows having originated at AEEDC Dubai in 2010 in order to promote dental business throughout the world.

Last year, deals worth at least US$1.7 billion were concluded during the show, according to Dr Al Madani.

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The status of dentistry in the Emirates

By Dr Donald J. Ferguson, Dubai

The common perception of the United Arab Emirates (UAE) is one of growth, freshness and innovation. No discussion on the status of dentistry in the Emirates would be complete without offering a brief insight into this unique context. The UAE became independent in 1971 and is comprised of a federation of seven emirates with a current population of approximately 7.2 to 7.6 million inhabitants. Along with Qatar, another Gulf country, it was one of the two fastest growing (>10 per cent) populations in the world between 2000 and 2010.

Dubai and Abu Dhabi are the most populated emirates and comprise about 87 per cent of the UAE population—approximately 88 per cent of the population is expatriate. Currently, there are four colleges of dentistry in three emirates. The first postgraduate dentistry educational initiative to operate in the UAE was the European University College, which began offering its programmes in 2007. The Boston University Institute for Dental Research and Education had offered academic programmes from 2008 but closed in June 2012. The newest postgraduate facility in the UAE, the Dubai School of Dental Medicine, began operating this month.

Dental education in the Emirates, like the UAE federal monarchy, draws upon best practices primarily in Western countries. The dental curriculum at the University of Sharjah was modelled on that of the University of Adelaide in Australia. Boston University used its own American template to compile postgraduate specialty curricula. The European University College collaborates with Swedish universities and is influenced by the American Dental Association accreditation guidelines, while the postgraduate curricula at Dubai School of Dental Medicine is patterned after the University of Edinburgh in Scotland.

The phenomenal growth witnessed in Dubai is matched by the extraordinary efforts and proficiency demonstrated by the Commission for Academic Accreditation (CAA) established in 1999 by the Ministry of Higher Education and Scientific Research. In my view, the CAA has established world-class UAE educational standards based upon the best educational practices primarily in the USA, Europe and Australia. These best practices are represented in the CAA Standards for Licensure and Accreditation to which all UAE education in dentistry is held accountable.

Besides being a career dental academic and administrator, I have been an American citizen with the perspective of a UAE expatriate for nearly six years. In my opinion, the status of dentistry in the Emirates is impressive, but while the Emirates embodies growth, freshness and innovation, there is significant resistance to products of the UAE’s own making. When you are in the dental education business, this resistance is tangible, palpable and real, and gets in the way of progress and the betterment of all.

During the past decade, the UAE has been creating its own dental education identity by appropriately retrofitting Emirates dental education standards to Western paradigms. But the hybrid product of doing so has not been widely accepted in the UAE. Western education on Arab soil is meant to represent the same high standards expected in the USA, Europe or Australia but it appears that resistance to Western dental education in the Emirates will prevail for some time to come.

Dr Donald J. Ferguson is a professor and Dean of the European University College in Dubai, UAE. On Wednesday, he will be presenting a paper titled “Comparing and contrasting techniques to enhance orthodontic treatment efficiency” during the Rapid Orthodontic Symposium that is part of this year’s AEEDC scientific programme.
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Contact allergies owing to gloves
A growing problem in dentistry

By Ben Adriaanse, DT Netherlands

In recent years, researchers have noted a significant increase in contact allergies to rubber ad-
ditives among health care profes-
sionals. Although the cause of this cannot be stated with cer-
tainty, experts believe that nit-
irile gloves, which are most com-
monly used in dental care today, have contributed significantly.

In the 1980s, the use of med-
ical gloves made of natural rub-
ber lates was introduced into
dentistry. Owning to an alarming number of allergic reactions caused by certain proteins con-
tained in latex, synthetic alterna-
tives like nitrile and vinyl gloves emerged shortly afterwards. While they, like other alterna-
tives, score significantly lower in comfort and elasticity, nitrile gloves are most commonly used by dentists.

According to Michiel Paping,
director of Budev, a Dutch re-
search and development com-
pány focused on natural rubber latex alternatives, type I allergic re-
actions, which are immediate re-
actions to allergens in a product, are very rare nowadays owing to improved quality standards and production processes. Type IV re-
actions, however, are delayed re-
actions to the chemicals used in the production process and are more common and can arise in re-
son to nitrile or vinyl. “In fact, I think that synthetic rubbers cause more contact allergies than natural rubber latex,” he told Dental Tribune Netherlands.

“It is not the raw, unprocessed rubber that causes type IV allergic contact eczema but the excipients added during the manufacturing process, such as vulcanisation ac-
celerators, plasticisers, fillers, an-
tioxidants and colourants. Excri-
ient objects are present in both natural and synthetic rubber gloves,” said Prof. An Goossens, a contact al-
ergy expert at KU Leuven’s De-
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gium.

“Contact allergies are nowhere near being solved. They are getting worse,” said Paping. “To increase the awareness of these contact allergies, we recently launched a campaign called ‘Wear Safe, Stay Safe’.”

FDI Global Caries Initiative steps ahead

By Virginie Horn, Education and Development Manager of the FDI

FDI Global Caries Initiative (GCI), was launched by FDI World Dental Federation in 2009, set-
ting out an ambitious worldwide agenda together with a profes-
sional-led call to action, whose goal is “to improve oral health and well-being, on all levels, and for all people around the world.”

FDI and its membership ac-
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FBI Global Caries Initiative steps ahead

By Virginie Horn, Education and Development Manager of the FDI

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FDI and its membership ac-
knowledge that they have a sin-
gular role and responsibility in terms of caries management and leadership in any process of change. Together, they are work-
ing to reduce the burden of caries in the population worldwide. FDI membership has, through the Global Caries Initiative, reaf-
marked the federation’s role as the global representative body of Dental Medicine and Oral Health.

The most significant achieve-
ments of the GCI to date include the development of the FDI Caries Ma-
trix*, which aims to facilitate the dialogue between all stakehold-
ers. The Caries Matrix acts as a bridge between WHO Basic Meth-
ods (DMFT) and new approaches to caries assessment. For exam-
ple the International Caries Dete-
cion Assessment System (ICDAS), creating a “middle ground” which is workable for the current clinical practice environment. It engages clinical dental practice, which has historically been re-
butant to move away from the curative/restorative model. It rec-
ognises “enamel caries” or white spots and “non cavitated dentine lesions”, which were not included within the traditional model, but can now be managed, through the Caries Matrix, by preventive measures and tools.

The World Oral Health Forum session organised in Hong Kong during the FDI Congress on “Caries, a silent epidemic” (www.fdiworldental.org/gci) pro-
vided another opportunity for ex-
erts to meet and discuss with a panel of economists, public health experts and other medical professionals. This time, it was more about the global health and the fight against the most co-
nal oral health disease.

FDI has been working with Dental Tribune International to deliver a professional communi-
cation and education platform (www.globalcariesinitiative.org) to facilitate activities at a global level and support the implementa-
tion of GCI at a national level by FDI member dental associations. More recently, the UNEP Min-
ima Convention on mercury is creating a framework for a phase down of dental amalgam, based on the WHO and GCI concepts of prevention, research into new restorative materials and best management practice.

FDI now wishes to implement collective and individual dental health promotion activities that will help combat tooth decay at all stages of life through its worldwide network. This will only be possible by informing and mobilising all stakeholders and organisations, notably civil soci-
ety, schools, teachers, educators and the parents. With this broad perspective, the GCI initiative will develop further and move closer to its ultimate goal.

* A new model for caries clas-

More information about the Global Caries Initiative are avail-
able at www.globalcariesinitia-
tive.org and at Booth P84.

US study suggests dentists cause implant failure

The indications and versatility of dental implants have increased, and so have complications. Re-
searchers from the Loma Linda University School of Dentistry in the US have suggested that, re-
gardless of patient risk factors like smoking, successful long-
term outcomes significantly de-
pend on the experience of the cli-
nician performing the procedure.

By reviewing the records of pa-

tients who had received full arch maxillary and/or mandibular supported fixed complete den-
tures in a period of ten years, the researchers found that 12 per-
cent of implants failed when clini-
cians with less than five years of experience in the field. Implants were also twice as likely to fail if the surgeon had performed less than 50 implantations in his ca-

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US study suggests dentists cause implant failure

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Other risk factors commonly associated with implant failure like the type of prosthesis used, smoking or implant location were found to have less impact on long-term success, according to the re-
searchers. They stated that the ab-
solute rate of success was found to be 90 per cent.

Overall, the records of 50 pa-

tients treated with 257 implants at the school were reviewed.
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By Dr Steen Sindet-Pedersen, UAE

Following the developments in industrial robot technology, robotics has found its way into the medical field and is used in a range of surgical disciplines. The main purpose of the use of robots is to increase the precision, quality and safety of surgical procedures. The first surgical robot was introduced in 1992 but the technology had its first major breakthrough when the Da Vinci robot was approved by the US Food and Drug Administration (FDA) in 1997. Since then, it has found widespread use in surgery. A large number of indications for this robot, which mainly consists of a number of robotic arms with video cameras, were approved by the FDA once the safety and efficacy of the technology had been documented. It can cut, clamp, coagulate and suture using minimally invasive procedures. The robot is controlled by a surgeon sitting in a control box away from the patient, from where he or she is able to control any action of the robot based on 3-D images of the surgical field inside the patient produced by the video cameras, which can be magnified several times. For example, Da Vinci robot surgery is the most frequently used option nowadays for prostatectomy in the US.

Robotics is not yet used in dentistry even though all the necessary technologies have already been developed and could easily be adapted. Some of the technologies are already used in dentistry, such as image-based simulation of implant surgery followed by the use of surgical guides, and creating digital impressions of preparations using an intra-oral scanner, after which a milling device produces the restoration, but we have not yet seen any robot able to prepare teeth for crowns, inlays or bridges.

Such a robot would fundamentally be a dental drilling device coupled with a navigation device to determine the correct position of the device in relation to the patient. The robot would either be operated directly by a dentist or be preprogrammed to perform its functions based on imaging data (CT scan). Finally, an intra-oral scanner would be used to make digital impressions. This data would then be transferred to the lab to produce temporary crowns or bridges in a very short time using a milling machine and to manufacture the final restorations in much shorter time than with conventional procedures.

Robotics could offer dentistry improved accuracy, predictability, safety, quality of care and speed of treatment. One might wonder why robots have not yet been introduced to dentistry, as the functions needed are relatively simple. An explanation could be that robotics in dentistry is an example of a disruptive technology, meaning that the current manufacturers of dental equipment might fear a negative effect on their current business and the alienation of dentists, as robots might be seen as a threat to dental professionals.

Dr Steen Sindet-Pedersen is Professor of Oral Maxillofacial Surgery at the European University College in Dubai. At AEDDC 2013, he will be presenting a paper on robotics in dentistry on Tuesday morning in Hall B.
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Caries seen differently: Illuminating opened cavities with the Facelight light probe clearly reveals dentine infected with caries. This innovative method supports selective, minimally invasive excavation and minimises the risk of caries recurrence!

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There are eight components when it comes to the smile:

1. The lip line is the amount of tooth exposure during a smile or the height of the upper lip relative to the maxillary central incisors.
2. The smile arc is a hypothetical curved line drawn along the edges of the four maxillary incisors that has to coincide or run parallel with the curvature of the inner border of the lower lip. Ideally, the clinical crowns of the maxillary incisors are displayed between the upper and lower lips.
3. The upper lip curvature is the curve direction from the central position to the corner of the mouth upon smiling. It is a muscle-driven position and can be upward, straight or downward.
4. The lateral negative space is the area between the buccal outline of the maxillary posterior teeth and the corners of the mouth in wide smiling.
5. Smile symmetry refers to the relative symmetric placement of the corners of the mouth in the vertical plane. It is the coincidence of commissural and pupillary lines for example.
6. The occlusal line is the line running from the tip of one canine to the other. From a distance, the occlusal line is parallel to the commissural line.
7. The dental components of the smile relate to the size, shape, texture and colour of teeth, as well as their alignment, inclination, dental midline symmetry and arch form.
8. The gingival components relate to the colour, contour, texture and height of the gingiva.

The variability of tooth or gingival exposure upon smiling depends on lip length (philtrum vs. commissural heights), the magnitude of lip elevation (7–8 mm, hyper/hypomobile smile), the vertical maxillary, clinical crown (10 mm) and vertical dental height, as well as crown inclination (incisor). The optimal vertical reference position for the maxillary incising edge in treatment planning is with relaxed lips. A gingival smile should never be treated to ideal at the expense of under-exposing the incisors in rest position. A mild gingival display upon smiling is within the female norm and can be considered a sign of youth. There is a gradual reduction in the amount of maxillary central incisor exposure with age. Thus, a gummy smile will grow less obvious with time. A short lip is not always associated with a high lip line or gingival smile. There is also a reduction in arch length with time that leads to lower incisor crowding. With age, patients become more concerned with the aesthetics of their lower incisors.

These eight components of the smile should be considered not as rigid boundaries, but as artistic guidelines or a smile check-list to help dentists treat patients, who are more highly aware of smile aesthetics than ever.

Dr Roy Sahri is a clinical associate at the American University of Beirut Medical Center in Lebanon. On Wednesday morning, he will be presenting a paper during the aesthetic dentistry specialist meeting in Hall A.

The anatomy of the smile is an integral part of modern dental practice. The various components that make up a balanced smile should be understood and patient’s smile properly recorded and analysed so that desirable aspects are maintained and unpleasant components addressed.

The eight components of a balanced smile

Regenerative endodontics: Exploring new horizons

In the recent past, when biology and biotechnology began to replace chemistry, health scientists started looking for biological solutions to biological problems. The tremendous advances in the field of cellular and molecular biology indicate a paradigm shift from simple mechanical care to biologically based modalities for medical and dental health professionals. The introduction of new technologies and an information explosion in tissue engineering have brightened the hopes of the clinicians.

Although the current techniques offer success rates that are relatively high for many conditions, an ideal form of therapy may consist of regenerative procedures in which diseased or necrotic tissue is removed and replaced with healthy tissue to remodel organs. In the first part of this century, there has been an increase in understanding and experimentation with stem cells as a primary tool in the expanding regenerative medicine revolution.

Regenerative endodontics is one of the significant developments among these biological approaches that will possibly involve a combination of disinfection and debridement of infected root canal systems to regenerate apical tissue. Although the challenges of introducing these methods in the endodontic field are substantial, the potential benefits to patients and the profession are equally ground-breaking.

Regenerative endodontics can be defined as biologically based procedures designed to create or deliver tissue to replace diseased, missing or traumatised tissue of the pulp–dentine complex. Two concepts currently exist in regenerative endodontics: the first is the active pursuit of pulp–dentine regeneration to implant or regrow pulp, and the other is the formation of new living tissue from the stem cells present in the root, allowing root development. The objects of both these methods are to induce pulp–dentine complex-like tissue for the physiologic closure of root apex.

This presentation at AEDC Dubai will provide an overview of potential regenerative endodontic treatment modalities for clinical application.

Prof. Shobha Tandon is Dean, Head of the Department of Pedodontics and Preventive Dentistry at the Babu Banarasi Das College of Dental Sciences, BBD University in Lucknow, India. She will be presenting a paper on regenerative endodontics on Tuesday afternoon in Hall A.
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### Tuesday

#### 5 February

**9:30 – 10:00**
Ectopic eruption in paediatric dentistry:
Current management concepts
Manal Al Halabi (Hall A)

**9:30 – 10:15**
Robotics in dentistry
Steens Sindet-Pedersen (Hall B)

**9:30 – 10:15**
Non-prep veneers: How, why and when better not to make them
Eduardo Mahn (Hall C)

**9:30 – 10:15**
Success and failure during supportive periodontal care
Mohammed Koleilat (Hall D)

**10:00 – 11:00**
Oral biofilm-associated diseases: New preventative and treatment oral hygiene technologies
Gileva Olga (Hall A)

**10:15 – 11:00**
Digital workflows: Computer-aided oral rehabilitations in 3-D—Part 1
Pascal Boer (Hall B)

**10:15 – 11:00**
Reciprocating Endodontics: Clinically Safe, predictable and successful
Allan Deutsch (Hall C)

**10:15 – 11:00**
Alternatives to autogenous bone grafts in dental implantology: What’s new?
Ralf Smeets (Hall D)

**11:00 – 12:00**
Digital workflows: Computer-aided oral rehabilitations in 3-D—Part 2
Joerd van der Meer (Hall B)

**11:00 – 12:00**
Controlling intra-canal infections by mechanical instrumentation
Gilberto Jirair Debellan (Hall C)

**11:00 – 12:00**
90.5% non-extraction therapy using coordinated arch development
Raphael L. Greenfield (Hall A)

**11:15 – 12:15**
Preventive Dentistry (Hall A)

**12:15 – 12:45**
An introduction to working with a dental microscope (Hall A)
Maciej Gocezewski (Hall A)

**12:15 – 12:45**
Avoiding third molar extraction complications
Robert Edwab (Hall B)

**12:15 – 12:45**
Shaping root canals with reciprocating and thermo-plastified obturation
Pierre Machout (Hall C)

**12:15 – 12:45**
The aesthetics of the smile
Derek Mahony (Hall D)

**14:00 – 14:45**
How can we improve young children’s smiles?
Dina Debaybo (Hall B)

**14:00 – 14:45**
Laser-assisted new attachment procedure: A breakthrough periodontal therapy
Mohand Al Sobbagh (Hall C)

**14:00 – 14:45**
Instrument processing and sterilization
Eve Cuny (Hall D)

**14:00 – 14:45**
Removal of separated instruments with a newly designed system
Yoshitsugu Tanouchi (Hall A)

**14:45 – 15:15**
Soft tissue management around natural teeth and implants
Bassem Michael Kinala (Hall C)

**14:45 – 15:15**
Regenerative endodontics: Exploring New Horizons
Shokba Tandos (Hall B)

**14:45 – 15:15**
Paediatric dentistry 101
M. Mansoor Taher (Hall D)

**15:00 – 15:30**
My radiographs are bad. What to do?
Saad Al Bayatti (Hall A)

**15:15 – 16:00**
Innovations and controversies in Sinus Crafting
Ronald Younes (Hall C)

**15:30 – 16:15**
From single tooth replacement to full arch rehabilitation on implants: The prosthetic point of view
Sergio Piano (Hall D)

**15:30 – 16:15**
Using composites in anterior teeth
Luiz Narciso Baratieri (Hall A)

**15:45 – 16:45**
Efficient and predictable correction of the Class II and Class II Occlusion into a Class I platform
Luis Caarrie (Hall B)

**16:00 – 16:45**
Accuracy of radiographic measurements in pre-implant evaluation
Ibrahim Nasseh (Hall C)

**16:15 – 16:45**
Can short tapered implants provide successful results in immediate loading?
Vladimir Kokovic (Hall D)

**16:45 – 17:30**
The components of an aesthetic smile from the dental laboratory perspective
Aiham Farah (Hall B)

**16:45 – 17:30**
Paediatric pulp therapy
Fatma Al Emadi (Hall C)

**17:15 – 18:30**
Immediate implant installation: Facts and fiction
Niklas P. Lang (Hall D)

### Wednesday

**9:00 – 9:45**
Clinically successful endodontics post core and restorations
Allan Deutsch (Hall D)

**9:45 – 10:05**
Rapid Orthodontic Symposium / Regional corticottes to enhance orthodontic treatment efficiency
Dauro Oliveira (Hall C)

**9:45 – 10:15**
Achieving success in endodontics: The hidden truth
M. Shoaib Siddiqui (Hall D)

**9:00 – 10:00**
Aesthetic dentistry controversies / Pastoral direct restorations
Antonio Cerutti (Hall A)

**10:00 – 11:00**
Aesthetic dentistry controversies / Anterior direct restorations
Antonio Cerutti (Hall A)

**11:15 – 11:45**
Aesthetic dentistry controversies / CAD/CAM restorations in daily clinical practice: Percepcion vs. reality
Ziad Salameh (Hall A)

**11:45 – 12:45**
The oral systemic loop
Satim A. Natsis (Hall D)

**12:00 – 12:45**
Aesthetic dentistry controversies / Tissue management in peri-implantology: A protocol combining piezo-surgery, platelet rich fibine (PRF) and bone
Jaafar Moubayi (Hall A)

**12:15 – 13:00**
Implantology (Hall B)

**14:00 – 14:45**
Aesthetic dentistry controversies / Anterior direct restorations
Antonio Cerutti (Hall A)

**14:15 – 16:15**
Rapid orthodontic symposium / “Corticision” flapless procedure for accelerating tooth movement and impact of photo-bio-modulation
Alpdogan Kantarcı (Hall C)

**16:00 – 17:00**
Rapid orthodontic symposium / “Corticision” flapless procedure for accelerating tooth movement
Young Guk Park (Hall C)

**16:45 – 17:30**
Endodontic considerations in aesthetic treatment
Hani F. Ounsi (Hall A)

**16:45 – 17:30**
Immediate implant installation: Facts and fiction
Niklas P. Lang (Hall D)

**16:45 – 17:30**
Immediate implant installation: Facts and fiction
Niklas P. Lang (Hall D)

**11:15 – 11:45**
4-D Concept and immediate implant placement
Ahmed Halim (Hall D)

**11:15 – 12:00**
Rapid orthodontic symposium / If we could modify biology, how would the practice of orthodontics be different?
Chung Kau (Hall C)

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Aesthetic dentistry controversies / Endodontic considerations in aesthetic treatment
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Niklas P. Lang (Hall D)

**16:45 – 17:30**
Immediate implant installation: Facts and fiction
Niklas P. Lang (Hall D)
### Conference Schedule

**Thursday, 7 February**

**9:00 – 9:45**
Social media marketing: How can we dramatically grow your dental business with minimum costs  
*Ahmed Mosad (Hall A)*

**9:45 – 10:15**
Clinical implications of bone biology in implant dentistry  
*Susan Al Kawas (Hall A)*

**9:45 – 10:30**
Minimum invasive all-ceramic restorations through the ages of life: An aesthetic treatment concept for daily practice  
*Andreas Kurbad (Hall C)*

**10:00 – 11:00**
Paedodontic-orthodontic interface  
*Shams Moopen (Hall D)*

**10:10 – 10:55**
GCC Preventative Dentistry Conference / Energising preventative dentistry research – Appropriate research models  
*Hezekiah A. Mosadomi (Hall B)*

**10:15 – 11:00**
Use of dental implants in adolescence post trauma  
*Mohamed Sulaiman (Hall A)*

**10:30 – 11:00**
Dental caries management in the 21st century, the “Mi” way  
*Avijit Banerjee (Hall C)*

**10:45 – 11:30**
Complex restorative cases – Taking the stress out of treatment  
*Samraa Ehsai Al Salehi (Hall A)*

**11:15 – 12:00**
Amniotic Chorion allograft membrane use in periodontal regeneration  
*Mohamed Al Sabbagh (Hall A)*

**11:10 – 12:10**
Endodontic MTA Monoblock: A contemporary treatment modality for non-vital open apices teeth  
*Zahid Iqbal (Hall C)*

**11:15 – 12:00**
Validity of Interleukin-6 as a biomarker of temporomandibular joint internal derangement  
*Mohammed Ahmed Elsholkamy (Hall A)*

**11:35 – 12:05**
GCC Preventative Dentistry Conference / Preventative-oriented dental services  
*Reem Alhindi (Hall B)*

**12:00 – 12:45**
Bisphenol A: Cytotoxicity and adverse effects in dentistry  
*Michael Goldberg (Hall A)*

**12:10 – 13:10**
Oral Homeostasis: The role of saliva in the control of the oral microbiome  
*M. Doods (Hall C)*

**14:00 – 14:30**
Antimicrobial prescribing in dentistry  
*David Way (Hall D)*

**14:00 – 14:45**
Peri-implantitis: Is there any treatment for this implant-specific pathology?  
*Jasaf Moubi (Hall A)*

**16:00 – 16:30**
Odontogenic cysts among children  
*Mohamed Mohamed Said Hamed (Hall A)*

**16:15 – 17:00**
Aesthetics / The effect of video modelling on the anxious children’s cognition and behaviour  
*Abeer Al-Namankany (Hall A)*

**16:30 – 17:00**
Management of anterior tooth loss in a growing child  
*Subaile Suleiman Al-bahlani (Hall D)*

**16:45 – 17:30**
Pulpal regeneration: Is it a myth?  
*Mawla Elnayed Sharaan (Hall B)*

**17:00 – 17:30**
Dental neuro-linguistic programming for children  
*Rasho K Kiasae (Hall A)*

**17:45 – 18:15**
Complex restorative cases – Taking the stress out of treatment  
*Samira Ehsai Al Salehi (Hall A)*

The management and treatment of TMD – A physiotherapy perspective and its perceived effectiveness  
*Zeinab Labban (Hall C)*

Bloodborne exposures in dentistry  
*Eve Gum*
Handpiece manufacturer NSK aims for global leadership

It is no secret that the years since the global financial crisis have not been very kind to companies in Japan. First, the recession slowed business investments significantly down, then the negative effects of last year's tsunami and the massive destruction it wrought almost brought the world's third largest economy to a halt.

For NSK, one of the country's largest dental manufacturers, troubles in the home market are its least concern because the company conducts most of its business elsewhere. According to president and CEO Eiichi Nakanishi, with whom Dental Tribune International recently had the opportunity to speak at the company's headquarters in Tochigi, more than 80 per cent of the company's revenues are now generated by its operations outside of Japan.

In the last three years, NSK has been performing particularly well in mature markets such as Europe and North America, where it boosted its presence with the opening of its new headquarters near Chicago last year, despite unfavourable conditions such as high market saturation and the ongoing decline of the yen against the dollar. Since 2009, Nakanishi has also seen his company regaining its former market shares in Asia through centralised distribution and after-sales support offered by its new subsidiary in Singapore. Another significant contributor has been NSK's European office in Germany, which accounted for almost one third of the 22.2 billion yen ($278 million) in sales the company reported in 2011. “That is why economic conditions in our home market have little or no impact on our overall business. We really think globally,” Nakanishi explains. According to the 48-year-old, who has run the company since 2000, one of the major reasons for NSK's strong market position, even in established markets, is its dedication to innovation and quality, combined with the excellent after-sales service it is able to provide to customers in almost every country except North Korea. But this hasn’t always been the case. Founded in the 1930s, the company had a rough start and operations were completely halted during World War II. Since the production of dental handpieces resumed in 1951, however, the company has grown extensively and now employs more than 700 people in its Japanese offices in Tochigi and Tokyo.

NSK still produces most of the precision parts in-house, which, according to Nakanishi, is one of the reasons that dentists now identify the company with high-quality products. “We employ many good engineers and marketing people who help us to constantly improve our brand and make it more attractive to dentists,” he says.

One of NSK's recent innovations, launched at last year's IDS in Cologne, for example, is the Ti-Max Z series, a durable premium handpiece that is claimed to have the smallest heads and necks in the industry, as well as an exceptionally low noise level and virtually no vibration. The Surgic Pro surgical micromotor has also received much interest, particularly by dental implant surgeons, and is now distributed alongside systems by major implant manufacturers. NSK asserts it pays close attention to the needs of its customers, a philosophy that has resulted in products such as the F-max pico, which was developed solely for the treatment of patients with smaller mouths, such as children.

Moving into other markets is conceivable but unlikely to happen anytime soon, Nakanishi says. Even though his company has begun to enter new areas in the last decade with the launch of instruments such as ultrasonic scalers and polishers, its core business will remain dental handpieces and other small motor equipment.

“When it comes to handpieces, we have produced more innovations than our competitors,” he remarks. “Our goal is to become the No. 1 company worldwide in this segment.”

The company’s headquarters in Tochigi, Japan.

NSK still manufactures most of the precision parts in-house.
CEREC OMNICAM

At AEEDC Dubai, Sirona has its new CEREC Omnicam camera on display. First introduced to dental markets at the company’s CEREC 27 and a half year Anniversary Celebration last year in Las Vegas, USA, this completely redesigned intraoral camera features a new ergonomic handpiece and special optics to provide unsurpassed intraoral access, among other things. CEREC Omnicam supports video streaming, which makes it possible to digitise the structures of the jaw in their natural colour. This industry-first feature, called ColorStreaming, allows continuous capturing of the oral cavity, the company said. When the camera moves over teeth, a photorealistic image gathered from the 3 D data is displayed in full-colour with crisp clarity and impeccable detail. According to Sirona, operating the camera has been also improved significantly by making the system completely powder-free while retaining Sirona’s high standards for precision.

SIRONA DENTAL, GERMANY
www.sirona.com/omnicam

VDW.GOLD RECIPROC

With VDW.GOLD RECIPROC, VDW Dental is presenting the only endomotor with an integrated apex locator suited for use with both RECIPROC and conventional rotary NiTi systems at AEEDC Dubai 2013. Leaving nothing to be desired when it comes to all methods of mechanical preparation, according to the German endo specialist, VDW.GOLD RECIPROC was developed to perfectly control all important instrument systems. In addition, the apex locator can be used for separate working length determination, the company said.

The simultaneous length control—featuring an auto-stop function when reaching the apex—can be switched independently from the drive mode used at any time. In the specific reciprocating mode, one single setting controls all instruments of the “RECIPROC one file endo” system, independently of the instrument size. According to VDW, the new RECIPROC REVERSE serves as an indicator for brushing motion to facilitate further penetration toward the apex. While torque and speed values for the most important rotary NiTi systems, e.g. Mtwo, FlexMaster, ProTaper are preprogrammed into the device, all settings can be changed individually. In addition, the motor offers proven safety features such as acoustic signals, torque control and Auto-Stop-Reverse.

An ANA setting is supposed to assist clinicians in the rotary preparation of difficult canal anatomies. A maximum of 15 torque and speed settings for individual preparation sequences or new NiTi instruments can be stored via the “Dr’s Choice” programme. For the conventional Gates enlargers a setting point is available as well, the company said.

SIRONA DENTAL, GERMANY
www.sirona.com/omnicam
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VDW Dental, Germany
www.reciproc.com
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Proficiency through Simplicity

- Less work steps  one instrument prepares a root canal to a greater taper
- Safe use  prepares even severely curved and narrow canals
- Single use convenience  sterile packed, no need for reprocessing

Find more information about the RECIPROC® system on
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VDW.GOLD RECIPROC

Unique dual endo motor with length determination and RECIPROC® mode

Endo Easy Efficient®
The US dental manufacturer A-dec has announced that its award-winning A-dec LED light is now also available to existing A-dec light users. Clinicians who have a working flexarm on an A-dec light manufactured after 1993 will be eligible for the upgrade, which is said to provide 20 per cent more luminance while consuming one-fifth of the power needed for halogen bulbs, the company said.

With an A-dec LED light, clinicians have a stunning white light with a colour index of 90 at 5,000 K at their disposal which, according to A-dec, allows them to see colours more accurately for a better diagnosis, reduces shadowing and improves the contrast. The cure-safe mode provides brilliant yellow light at 25,000 lux intensity, enabling the dental team to work effectively without curing photo-initiated resins.

The A-dec LED light can be positioned with three axes of rotation and 540° of horizontal motion resulting in optimised economics for the entire dental team and improved patient comfort. An Auto On/Off function turns the dental light on automatically when the chair reaches the treatment position and turns it off in the entry/exit position when combined with the A-dec 500 and A-dec 300 systems. Switching modes can be done locally or via a remote touchpad.

Zoom Whitestream

The whitening brand Zoom from Discus Dental, now a part of Philips Oral Healthcare, has provided more than four million people a brighter, whiter smile. Using advanced blue LED technology that emits the optimal light spectrum, the first update in Zoom light technology since 2006 is supposed to accelerate and enhance whitening results with no compromise to safety.

According to the company, the Zoom Whitestream system delivers 40 per cent better results than a comparable non-light enhanced whitening system. It also offers different intensity settings that allow dentists to make adjustments for patients who may experience sensitivity during the whitening process. In addition to enhanced results and comfort for patients, the new light also offers a range of benefits for dental professionals, the company said. Besides a refreshed design and improved ergonomics with a new power cord wrap, knots, counterweight and larger casters for easier moving, the blue LED technology provides a significantly longer-lasting light source (50,000 hours) and uses 41 per cent less energy than previous models, reducing the need to purchase replacement lights and thereby decreasing costs and offering a more environmentally-friendly option.

"Philips is dedicated to providing innovative solutions for dental professionals that help improve the experience and outcomes of their patients," said General Manager of Discus Dental, Frank McGillin. "Zoom Whitestream helps people get their teeth to their whitest white in approximately 45 minutes, and the new variable settings allow dentists to customize treatments to ensure optimal comfort."
At AEEDC Dubai 2013, VITA presents the first hybrid dental ceramic in the world in which both the dominant ceramic network structure as well as the reinforcing polymer network structure have been fully merged. Owing to this dual structure, the new VITA ENAMIC material incorporates the benefits of dental ceramics as well as composite materials in one product.

According to the German company, materials science tests show that besides improved material strength, VITA ENAMIC also provides extraordinary elasticity even through to integrated crack prevention. In addition, it is said to offer significantly less brittleness than pure dental ceramics as well as abrasion behaviour that is superior to conventional composite materials and equivalent to the abrasion behaviour of natural dentition.

Owing to its high strength, VITA said that the material is extremely resistant to the shear and compressive forces of the stomatognathic system, allowing the material to be used for a variety of applications including the fabricating of conventional anterior and posterior inlays, onlays, veneers and crowns. In addition, it can be used for minimally-invasive restorations such as non-prep veneers or in areas where space is limited.

The CAD/CAM blocks can be processed with the Sirona CEREC and inLab systems, according to the company. In comparison with pure ceramics, milling can be completed more quickly and with less tool wear. VITA ENAMIC is also said to offer high reliability, greater precision, improved edge stability as well as finer and more accurate results compared to what is currently possible to do with conventional dental ceramics.

With the optional polishing set from VITA, the material can be also polished quickly.

Glazing using light polymerization as well as characterization using light-curing stains can be performed as the light refraction properties of VITA ENAMIC provide a highly aesthetic overall result with a natural play of colours. According to the company, VITA ENAMIC is currently available in all major markets and in block size EM-14 (12 x 14 x 18 mm), as well as in the shades 0M1, 1M1, 1M2, 2M2 and 3M2 in two degrees of translucency.

TEMREX PITCHES AT AEEDC

Over the past several years, the US dental restoratives specialist Temrex has worked extensively to develop an excellent dealer network throughout the Middle East region. In addition, the company has continuously added products under the J R Rand and Copalite brands to its extensive product portfolio. All of these products including the basic temporary cement TNE without eugenol are currently being discussed at the AEEDC meeting. Vice-president of Sales and Marketing Jackie Prather said. According to Prather, this radiopaque, easy-to-use cement, suitable for all temporary cement applications, safely prevents leakage of oral fluids and bacteria. With a setting time of 2½ to 3 minutes, it is quick and compatible with all composite restorations and cements. Moreover, it offers excellent biological compatibility and lasts reliably between patient’s visits. Prather said to look forward to seeing Temrex customers and dealers in Dubai: “It is always a pleasure to meet our friends in the Middle East. Besides the focus on business at meetings such as the AEEDC, I always appreciate the warm hospitality of the people I meet.”
Launched by the GC Corporation, the new G-ænial Universal Flo was developed for dentists who want to give their patients better aesthetic, functional and durable restorations. According to the dental materials specialist, it combines superior physical properties with excellent flowability and easy placement.

Owing to a new formula that features a unique filler technology, G-ænial Universal Flo has a higher filler load and a homogeneous dispersion of fillers, resulting in improved strength and wear resistance for a broader use than standard flowables. The material is also radiopaque and features high viscosity, making it more suitable for class I to V restorations. Essentially, it looks like a flowable but behaves like a restorative, the company said.

G-ænial Universal Flo is dispensed through an ergonomically designed syringe that enables smooth delivery of the material, with a tapered tip that means no paste can stick to it. The syringe size provides a comfortable hold while the arched shape of the flange fits the hand ergonomically. According to the company, this design is supposed to prevent material waste as minimal residual paste remains in the syringe after use.

G-ænial Universal Flo is available in standard shades (A1, A2, A3, A3.5, A4, B1, B2, B3, C3, BW, CV), outside shades (AE, JE) as well as inside shades (A02, A03). It can be used for direct restorations, minimum intervention cavities and fissure sealing.

READY2PROTECT COPPERIONCEMENT

Copper is a fascinating material. While being an essential nutrient for the human metabolism, it has proven toxic for microorganisms like Streptococcus mutans. In dentistry, it is used in dental amalgam where it is known to be more effective than silver.

Copper ions in cements have just recently become a topic for research, for example, in vitro comparative investigations of Foley et al., which found that Copperioncement demonstrated greater and greatest antibacterial activity against Streptococcus mutans. Copperioncement also turned out to be even more effective than Glass Ionomer cement, particularly in the long term. Using these unique properties of copper ion technology, Hoffmann’s Ready2Protect Copperioncement, a further development of the company’s READY2MIX cements, is supposed to preserve vital teeth and prevent root canal treatment. In contrast to classical hand mixing, getting the right proportion of powder and liquid has been improved owing to a unique single dose system consisting of two predosed components, according to the company. The consistency can easily be adapted for luting and lining according to the needs of the dental practitioner.

Its solubility in water and acids shows even better values than those required by ISO 9917. Ready2Protect can be used as a luting cement for the conventional cementation of inlays, onlays, crowns and bridges made of different materials as well as a filling material for deciduous teeth. It can also reduce the risk for peri-implantitis when used for final cementation on implants, the company said. Furthermore, it also serves as a liner under any permanent filling material and has proven useful in a new minimal invasive treatment protocol developed by Dr. Jean-Pierre Eudier from Luxembourg using copperioncement and copal varnish to preserve vital teeth.
SUNI’S DIGITAL SENSORS

At its ISO-certified facility in San Jose, CA, in the US, Suni Medical Imaging manufactures two lines of digital X-ray sensors, the flagship SuniRay sensor and the Dr Suni Plus sensor. This award-winning product line has propelled the company to a leadership position within the digital dental industry.

According to Suni, the SuniRay digital X-ray sensor offers high flexibility owing to an integrated USB module and a powerful software package that allows Window-based practitioners to use it with any practice management system. It has rounded corners for increased patient comfort and is available in two sizes for different anatomic requirements. Independent third-party studies have also shown that SuniRay uses the lowest amount of radiation—as compared to competitive systems—to produce a true, diagnostic quality image. Recent improvements to the Dr SuniPlus sensor have resulted in high ratings in the robustness category making Dr SuniPlus one of the most durable products available on the market today.

Since its creation in 1995, Suni Medical Imaging has gained a leading position in the digital radiography market, pioneering the development of digital sensor technology for dental clinical applications, and is best known for designing and manufacturing sensors for many of the early leaders in this field. In 2002, however, the company added its own brand of high-quality sensors and intraoral cameras to its product portfolio.

Suni says that its corporate culture is built on three basic principles—technological innovation, continuous improvement and exceptional customer service.

SUNI MEDICAL IMAGING, USA
www.suni.com

VITA ENAMIC® creates a new definition for resistance

The first hybrid ceramic with dual network structure for unsurpassed absorption of masticatory forces

VITA ENAMIC sets new standards for resistance by combining strength and elasticity and providing unsurpassed absorption of masticatory forces. VITA ENAMIC ensures utmost dependability and efficient processing for dental practices and laboratories. And patients feel that VITA ENAMIC restorations are identical to natural teeth. VITA ENAMIC is particularly suited for crown restorations in the posterior area and minimally invasive restorations. More information at www.vita-enamic.com

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VITA shade, VITA made.

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The En formula for success: strength + elasticity = reliability²
What’s on in Dubai

Dubai Festival City Mall light and water show
First presented in December last year, this unique spectacle of light, fire and water will stimulate your senses. The show is centred around an impressive 130 metre-wide water feature that, among other things, is complemented by 20 flame jets and two 40 metre-wide water screens on which laser shows are projected. The show, which resumes at the end of February, will run five times in the afternoon at the Dubai Festival City Mall, a large, newly developed residential, business and entertainment district near the airport.

Camel racing season
6—7 February, 7:00 and 14:00
Venue: Al Marmoum Camel Race-track, Dubai–Al Ain Road, Exit 37
Some will likely consider this serious animal abuse, but racing on dromedary camels around dirt tracks is indeed an integral part of Emirate and Arab heritage. While the use of child jockeys has been forbidden in the Emirates since 2002, not much else has changed from the days when the first competitions were held back in the 1970s. Bred and raised specifically for racing, these animals can reach an impressive speed of 65 km/h. The races attract visitors from all the Gulf countries and are broadcast live on TV.

Concert: Thomas Gandey aka Cagedbaby
7 February, 20:30
Venue: Souk Madinat Jumeirah
Best known for his recent collaboration with UK DJ legend Radio Slave, Thomas Gandey aka Cagedbaby is probably the hottest that the European techno and deep house scene currently has to offer. A regular guest on BBC Radio 1, he has also toured with reputable bands such as Fatboy Slim, the Chemical Brothers and Underworld in recent years. On Thursday, he is scheduled to perform at the Souk Madinat Jumeirah.

Dralion: Cirque du Soleil
6—17 February
Venue: Dubai World Trade Centre
Running since 1998, this fusion between Eastern, Western and circus culture will be giving 18 performances at the Dubai World Trade Centre, with two shows per night. Spectators can look forward to a colourful and gravity-defying experience combining Chinese-inspired acrobatic arts with ballet and modern dance.

For more information on sights and events, please visit the website of the Dubai Department of Tourism and Commerce Marketing (www.definitelydubai.com)
Useful Information

Organiser
INDEX Conferences & Exhibitions Organisation Est.
PO Box 13636 Dubai
Website: www.index.ae

AEEDC Dubai is organised in cooperation with the Dubai Health Authority. It is supported by the Arab Dental Federation, Global Authority for Continuing Dental Education, and International Association for Orthodontics.

Venue
The UAE International Dental Conference and Arab Dental Exhibition will be held in halls 5 – 8 of the Dubai International Convention and Exhibition Center (DICEC).

Exhibition opening hours
Tuesday, 5 February, 2013: 10:00–18:00
Wednesday, 6 February, 2013: 10:00–18:00
Thursday, 7 February, 2013: 10:00–18:00

Registration fees
Onsite registration for the scientific congress is possible from Tuesday, 5 February, to Thursday, 7 February. The fees are (AED 1150/US$315) for dentists, AED 850 (US$230) for dental technicians and auxiliary staff as well as AED 650 (US$175) for dental students. According to the organiser, technicians and auxiliary staff are requested to provide a valid ID card upon registration.

Entry to the exhibition is free.

Continuing Education
Delegates who have registered should be aware that the DICEC is an approved Continuing Education Recognizer. The onsite Business Centre of the AEEDC will appear at the 17th UAE International Dental Conference & Arab Dental Exhibition in Dubai, 5 – 7 February, 2013.

Medical Service (EMS)
All delegates, exhibitors, contractors, staff and visitors should be aware that the DICEC provides an emergency service for persons, who become injured or ill whilst at the exhibition centre. The EMS is permanently located between halls 4 and 5 at the complex. A second EMS station is also located on the Za’abeel Concourse near the Za’abeel Bistro during larger exhibitions at the venue.

Disabled Access
All exhibition halls, meeting rooms and public areas are accessible by wheelchairs, and a marked number of spaces are also reserved for handicap parking. Toilets on the ground floor and above Exhibition Halls 6, 7 and 8, as well as elevators and doorways, are designed to meet disabled access requirements.

Additionally, wheelchairs for emergency needs are available at our Medical Services Centre next to hall 5.

Telephone Services
Police / Ambulance: 999
Fire: 997
International Operator: 155

Parking
Free car parks are available for visitors within the perimeter of DICEC. These car parks operate on a first-come, first-served basis.

Other Facilities
The Concourse serves as a link between the Exhibition Halls and the Sheikh Rashid and Sheikh Maktoum Halls, and connects the two center hotels. It is lined with banking, postal, travel and rental facilities, restaurants, coffee houses, and retail stores, and registration desks capable of housing organiser-supplied equipment.

Embassies and Consulates
Foreign representation offices can provide help in emergencies situations like lost passports. They can also assist with travel arrangements or give legal advice. For a complete list of embassies serving your country, please also visit www.embassyworld.com.

Australian Consulate-General Burjuman Business Tower, Level 25, +971 4 508 7100
Consulate of Canada Bank St. Bldg, 7th Floor, Khalid bin Waleed Street, +971 4 314 5555
Consulate General and Trade Commission of Denmark Villa No. 202, Umm Suqueim 2, Al Thanya Road, 22nd Street, +971 4 348 0877
Office of the Honorary Consul of Finland P.O. Box 1042, +971 4 282 3338
Dubai Consulat General de France P.O. Box 3314, +971 4 332 9040

Deutsches Generalkonsulat Khalid bin al Waleed Road, Dubai Islamic Bank Building (1. Etage), +971 4 397 2333

Consulate General of India Al Hamaria Diplomatic Enclave, +971 222 397 1333

Italian Consulate Agency Dubai World Trade Center, 17th Floor, +971 4 331 4167
Royal Norwegian Consulate Barwii Dubai, Masrhek Bank Building, 2nd Floor, +971 4 353 3633
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A world-class flowable composite with exceptional strength, polish and versatility which can be used for all restorative indications.

G-ænial Universal Flo perfectly adapts in deep or narrow cavities but is at the same time strong enough to be used on occlusal surfaces. Thanks to its injectable viscosity, G-ænial Universal Flo provides the answer to many difficult cases where you do not want to compromise between perfect placement, aesthetics or strength.

From the smallest Class V to the most extensive Class II restorations

G-ænial Universal Flo™ from GC

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