

South Yorkshire/East Midlands Postgraduate Dental Education – Leicestershire/Northampton & Rutland



Mr R F Deans BDS FDSRCPs DRDRCS FFDRCS FDSRCS **Postgraduate Dental Tutor (Leicester)**

The University Hospitals of Leicester NHS Trust • Clinical Education Centre • The Glenfield Hospital • Groby Road
• Leicester • LE3 9QP

Mrs Barbara Reay, **Postgraduate Dental Administrator** • Email: Barbara.reay@uhl-tr.nhs.uk

MADEL – PARTIAL DENTURE DESIGN (Theory & Practical) for the GDP & DENTAL TECNICIAN (6 CPD)

Date(s): THURSDAY 5 NOVEMBER 2009

Speaker(s): Mr David Newsum, BDS MFD RSSI Msc – Glenfield Hospital
Mr Joe Vere, BDS Hons MFDS RCS Eng – Glenfield Hospital

Time(s):

09.00am – 09.30am	Registration – Tea/Coffee and Water
09.30am – 11.00am	Theory/Practical
11.00am – 11.15am	Tea/Coffee/Water and Biscuits
11.15am – 12.30pm	Theory/Practical
12.30pm – 13.30pm	Lunch
13.30pm – 14.45pm	Theory/Practical
14.45pm – 15.00pm	Tea/Coffee/Water and Biscuits
15.00pm – 17.00pm	Theory/Practical

Venue: Glenfield Hospital – Clinical Education Centre, Lecture Theatre/Seminar Rooms 2 & 3

Aims & Objectives:

Delegates will:

1. Be able to treatment plan partially dentate cases
2. Understand the principles of denture design and its application
3. Have an evidence based approach to decision making in partially dentate cases
4. Participate in practical group discussion and learning

Cost: £38 each Please make cheque payable to: **UHL NHS TRUST**

*No bookings will be taken over the phone/email or accepted without a cheque
I must have a genuine reason for any cancellation of any course place by email/Letter,
and any cancellation made less then 2 weeks prior to a course will not be refunded.*

Places: 30 places are available.

Please reply early to avoid disappointment to Mrs Barbara Reay at the address above, thank you.



I would like to book a place on the

MADEL– PARTIAL DENTURE DESIGN for the GDP & DENTAL TECNICIAN – £38 09-514/05/11/09

Re booking: please photocopy as necessary, **one return slip** is required per person.

Name:			
GDC Number:			
Address:			
		Map:	Yes/No
Daytime Tel:			
Email Address:			

Area of Practice (please tick appropriate box): GDP CDS Hospital Salaried GDP

Dental Technician Clinical Dental Technician

Other (please give details): _____

*No bookings will be taken over the phone/email or accepted without a cheque
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