GLOBAL IMPLANTOLOGY SUMMIT
November 1–3, 2018

Location
Sheraton Universal Hotel
333 Universal Hollywood Drive
Universal City, CA 91608, United States
Ph: 888.627.7186

Over 50 Topics and Workshops
6 Continents • 40 Countries
Grand Exhibition • World GALA
Scientific Sessions
24 CE Units
Speaker’s Topics

Chairman of the Board and Host
Executive Director

Dr. Kianor Shah
Mr. Ron Geraneo, Goldman Association Management

Keynote Speakers

Dr. Gerald Niznick
Dr. Arun Garg

Topics

Evolution of Implant Prosthodontics
Bone Harvesting and Block Grafting Concepts

Guest Lecturers

Dr. Joseph Atalla
Immediate Implantology
Chair of Ethics Committee

Dr. Ana Luisa Bernotti
Tunneling Technique
Chair of Exhibition Committee

Dr. Raquel Zita Gomes
Advanced Implantology
Chair of Scientific Committee

Dr. Arash Hakhanian
Management Perspective
Chair of Business Development

Dr. Snjezana Pohl
Partial Extraction Therapy
Chair of Educational Programs

Dr. Sandeep Singh
Piezosurgery Perspective
Chair of Credentialing Committee

Mr. Randy Alvarez
How to Market Your Implant Practice

Dr. Ashwini Bhalerao
Pathology Perspective

Dr. Samuel Bleyan
Soft Tissue Engineering

Dr. Josh Brower
Mini Implantology

Dr. Borja Diaz
Digital Immediate Loading

Dr. Scott Ganz
Interactive 3D Imaging

Dr. Robert A. Horowitz
The Placement of Implants in Challenged Sites

Dr. Radek Jadach
Creative Oral Surgery

Dr. Marjon Jahromi
Medical Emergencies in the Dental Office

Dr. Kayvon Javid
Phlebotomy

Dr. E. Dwayne Karateew
Prosthetic Techniques to Enhance Implant Esthetics

Dr. Jin Y. Kim
Periodontal Perspective

Dr. Sargon Lazarof
Full Function Single Tooth Replacement

Dr. Joseph Atalla
Esthetic Perspective

Dr. Samuel Low
Indications for Lasers in Dental Implantology

Dr. Parsa Zadeh
Teeth in One Day

Dr. Prof. Ziv Mazor
Osseodensification Concept

Dr. Alberto Miselli
Immediate Prosthetics

Dr. Cleopatra Nacopoulos
PRF and Aesthetics

Dr. Raquel Zita Gomes
Ceramic Implantology

Dr. Sammy Noumbissi
Treatment Protocols of Extraction Socket Types

Dr. Arash Hakhanian
Fulcrum Implant Systems

Dr. Dwayne Johnson
Micorsurgery in Sinuslifting

Dr. Ashwini Bhalerao
Endodontic Perspective

Dr. Samuel Bleyan
Multidimensional Architectures for Permanent Restorations

Dr. Ehab Rashed
Maxillofacial Rehabilitation

Dr. Kianor Shah
Complications Management

Dr. Paulo Vaz
Bone Cements

Cyndee Johnson
Upscale Hygiene. Upscale Profits.

Dr. Ehab Rashed
Soft Tissue Grafts Failure Can Be Prevented

Dr. Bart Knellinger
Asset Protection Management

Mr. Larry Oxenham
Your Sales & Marketing Blueprint to 10+ Arches per Month

Mr. Vincent Naalbandian
Implants Simplified: From Traditional to Digital

Mr. Andrew Sedler
Implants Simplified: From Traditional to Digital
Registration is open! Reserve your seat now at: Gi-Summit.com/Register
Or complete the form below and mail to: GAM, P.O. Box 270996, Tampa, FL 33688 or fax to 714-530-4560

Personal Information

Full Name: ___________________________ ☐ Dentist ☐ RDH ☐ RDA
Address: ____________________________ Suite#: ____________________________
City: __________________ State: __________ Zip: ____________________________
Daytime Phone: ___________________ Cell Phone: ____________________________
Email Address: ____________________

2018 GLOBAL IMPLANTOLOGY SUMMIT FEES

CLICK HERE for Workshop and Hands-On Course Details and Registration

<table>
<thead>
<tr>
<th>Registration Fee</th>
<th>$995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Resident</td>
<td>$299</td>
</tr>
<tr>
<td>Faculty / Full Time Military</td>
<td>$695</td>
</tr>
<tr>
<td>RDH / Staff / Dental Tech</td>
<td>$695</td>
</tr>
<tr>
<td>Thurs and Fri Only</td>
<td>$695</td>
</tr>
<tr>
<td>Fri and Sat Only</td>
<td>$695</td>
</tr>
</tbody>
</table>

Total Amount Due: ____________________________

Cancellation Policy: 50% of registration fee will be refunded if requested in writing on or before Oct. 1, 2018. Cancellations after this date are non-refundable.

Payment Information

Full Name: ____________________________________________
Signature: ____________________________________________
☐ Check Enclosed ☐ Visa ☐ MasterCard ☐ AmEx
Credit Card #: ___________________ Exp. Date: __________ CW#: __________
Billing Address: ______________________________________
City: __________________ State: __________ Zip: __________

Enclosed is a check for the amount of (or process our payment in the amount of) $ ____________________________

Complete and mail to: P.O. Box 270996, Tampa, FL 33688 or fax to 714-530-4560

GAM • 714-530-4560 Office • P.O. Box 270996, Tampa, FL 33688 • Ron@amGoldman.com • Gi-Summit.com