



BAOS Oral Surgery
Regional Study Day
Friday 23rd March 2012
Wellington Park Hotel,
Belfast

Organised by Northern Ireland Regional Reps
Catriona O'Hare and Amanda Beresford

**BAOS Regional Study Day
Friday 23rd March 2012
Wellington Park Hotel, Belfast**

This course has been accredited with 5 hours CPD

- 09.00-09.20** Arrive and coffee
- 09.20-09.30** Introduction, Housekeeping
- 09.30-10.30** "What makes a good biopsy?"
Seamus Napier *Consultant Pathologist, Royal Victoria Hospital, Belfast*
- 10.30-11.15** "Soft Tissue Grafting"
Lewis Winning *Clinical Teaching Fellow Periodontology, Centre for Dental Education, Queens University Belfast*
- 11.15-11.30** Coffee
- 11.30-12.30** "Cn u hlp 😊 ? - Sedation for the anxious teenager?"
Kathy Wilson *Dept of Sedation, School of Dental Sciences, University of Newcastle*
- 12.30-13.00** Questions
- 13.00-14.00** Lunch
- 14.00-14.45** "An Update on the Restorative Management of Oral Cancer"
Simon Killough *Consultant in Restorative Dentistry, Centre for Dental Education, Queens University Belfast*
- 14.45-15.00** Coffee
- 15.00-15.30** "Impacted Canines, an orthodontic perspective"
Sean McDonagh *Specialist Practitioner, Windsor Hill Orthodontic Clinic, Newry*
- 15.30-16.00** Questions

For booking information please e-mail:

catrionaeohare@gmail.com or ac.beresford@btinternet.com

Cost of course £40 (£50 non BAOS members) to include lunch

Further details and a registration form can be found on the BAOS website www.baos.org.uk

2012 Study Day Registration Form

I WISH TO REGISTER FOR:

The BAOS Regional Study Day Friday 23rd March 2012 at Wellington Park Hotel, Belfast

Payable in Advance

Membership Number

Non Member

I enclose a cheque for

I have paid by bacs /Credit Card

(Credit Card payment online at www.baos.org.uk /Pay Online)

(Bacs Payment:-Banking Details Sort Code 83-1919 A/C 00187723)



Payable to:

BAOS

Royal College of Surgeons of Edinburgh

Nicolson Street, Edinburgh, EH8 9DW

Title

First Name

Surname

Hospital/Practise

Department

Job Description

Home Address

City

Postcode

Country

Contact Phone Number

E-mail

Date:-

Signature