

Safe and Effective Dental Assisting

DATE : 20 November 2016, Sunday
TIME : 8:30am - 4:30pm
VENUE : International Medical University,
Bukit Jalil, Kuala Lumpur, Malaysia

Keynote Speakers



A/Prof Christopher Vincent

BDS (Mal)
MSc (London)
FDSRCS (Eng)
Oral & Maxillofacial Surgeon and Head of Oral Diagnostic & Surgical Science Division, IMU



Pn Rathiyah

Cert Nursing, (Sydney)
BSc Health Science (Melbourne)
MSc Dental Science (UM)
Matron, Faculty of Dentistry, UM
Secretary of Infection Control Association of Malaysia



Justin Koh Hoong Ciang

BSc Mass Communication
Product specialist in medical industry and infection control



Vincent Loo

BSc Chemistry and Biology (USA)
MSc MBA (Nottingham)
Infection control trainer specialized in medical and dental settings

CONTACT PERSON

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IMU ICL
CENTRE FOR LIFELONG
LEARNING

HRDF Claimable
*subject to approval
CPD Points will be awarded

Safe and effective dental assisting is important to ensure successful dental practice. This course offers an exciting opportunity to learn the essential skills of efficient dental assisting. The course features world-renowned speakers in the field of infection control, along with hands-on workshops and interactive learning sessions including a forum on preparation for medical emergencies in the dental clinic.

OBJECTIVES

- To provide continuous learning and skill development for the dental surgery assistant
- To apply principles of safe and efficient dental assisting in daily practice

LEARNING OUTCOMES

- Perform effective decontamination and infection control procedures
- Apply the principles of four-handed dentistry in the clinical environment for safe and efficient practice
- Recognise and comply with systems and processes to support safe patient care
- Awareness of potential risks and medical emergencies in the dental clinic

PROGRAMME HIGHLIGHTS

- Lectures by renowned speakers
- Hands-on workshops
- Live demos
- Lucky draw and door gifts

REGISTRATION FEE (inclusive of 6% GST)

RM220
(before 1 November 2016)

RM250
(on/after 1 November 2016)

**Discounted fee available for group bookings*

REGISTRATION FORM

Name: _____ Nationality: _____
 Gender: Male Female Title: Mr Mrs Ms Prof Dr Other: _____
 Organisation: _____
 Department: _____ Position: _____
 Tel No: () _____ Fax No: () _____ Mobile Phone No: _____
 Address: _____

 Postcode: _____ City: _____ State: _____
 Please indicate whether this is your office or home address: Organisation Home
 Email: _____
 Organisation's Website (if any): _____
 Dietary Needs/Preference: Vegetarian Non-Vegetarian
 Are you an IMU Alumni member? Yes No

REGISTRATION FEE

RM220 (before 1 November 2016) RM250 (on/after 1 November 2016)

MODE OF PAYMENT

Please tick your option:

Cash
 Cheque* (for Malaysian Banks only)
 Credit Card

I hereby authorise the processing of my card for the sum of (USD/RM): _____

Please complete the following sections. These details are required for security purposes.

Type of Card: VISA MASTERCARD Issuing Bank: _____

Cardholder's name (as it appears on the card): _____

Card Number: Card Expiry Date: / (MM/YY)Card Security Code (3 digits found on reverse VISA / MASTERCARD) Bank Draft* Bank of Issue: _____ Date: _____ Total Amount (USD/RM): _____

* Payable to IMU Education Sdn Bhd

CANCELLATION POLICY

1. Any cancellation of registration must be made in writing to the Secretariat of Safe and Effective Dental Assisting.
2. There will be a 50% refund of registration fee for cancellation made before 20 October 2016.
3. There will be a 30% refund of registration fee for cancellation made before 6 November 2016.
4. There will be no refund of registration fee for cancellations made after 6 November 2016, however a substitute participant will be welcomed.
5. The Organiser reserves the right to cancel or change the topic of the workshop, if for whatever reasons beyond its control, the workshop cannot be held as scheduled or the topics need to be altered.

DECLARATION AND AUTHORISATION

1. I confirm that the above information is correct and I will inform IMU when there is any change to this information.
2. I have read, understood and consent to the processing of my personal data as set out in the enclosed Privacy Notice.

Signature_____
Date**DISCLAIMER:**

The organiser reserves the right to make such alterations to the programmes as circumstances dictate and will not accept responsibility for any errors, omissions or changes made to the speakers' information. The views and opinions expressed by the speakers at this workshop are not necessarily the views and opinions of the organiser.

FOR MORE INFORMATION, KINDLY CONTACT:

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