



2015 ACT Laser Education
Nightlase. Smoothlase

December 4-5, 2015
Dr. Harvey Shiffman
Boynton Beach, FL

Fotona
choose perfection

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The Academy of Clinical Technology (ACT) is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by the AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 12/1/2012 to 11/30/2014. Provider ID# 325802

Course Information

Nightlase & SmoothLase

PHAST™ NightLase Procedure

-Laser Snoring and Sleep Apnea Reduction Treatment

PHAST™ SmoothLase Procedure

-Laser Facial Rejuvenation Treatment

This 2-day course will teach the *Phast™* NightLase and *Phast™* SmoothLase protocols. In detail, it will guide doctors through the history and research behind these procedures as well as cover treatment limitations, case selection, and, most importantly, practice integration. To further expand on the complete training experience, an amazing opportunity to learn via live patient training will take place throughout the course. Furthermore, we will expand on both internal and external marketing, as well as clinical photography tips, in order to help make these procedures a success in your practice!

Learning Objectives:

- Understand how to integrate the PHAST™ NightLase Procedure into your practice.
- Understand the laser tissue interaction/biology that allows for a successful Tx.
- Establish Tx limitations and case selection, along with Mallampati classification.
- Understand sleep apnea M.D. testing and sleep studies, co-therapy, appliances etc.
- Understand how to integrate the PHAST™ SmoothLase procedure into your practice.
- Better understand laser tissue interaction as it relates to muscle and skin anatomy.
- Ascertain the aesthetic clinical photography skills necessary to aid in Tx success.
- Learn the benefits of PHAST™ NightLase and SmoothLase procedures over traditional therapies.

Space is limited...register ASAP!

***Receive 8 Continuing Education credit hours per day (16 total)**

***Delivery method includes lecture and hands-on participation**

***Course Verification Code: Dec2015NLSL**



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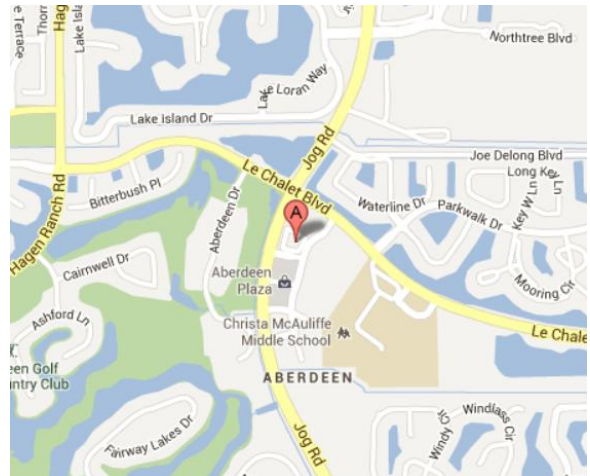
Travel Information

* Course Location *



Dr. Harvey Shiffman's Office

8200 Jog Road, Suite 201
Boynton Beach, FL 33472



* Hotel Information *

Hampton Inn & Suites-Boynton Beach

1475 Gateway Blvd. * Boynton Beach, FL 33426 * 561.369.0018 * 3.9 miles away

<http://hamptoninn3.hilton.com/en/index.html>

Courtyard Boynton Beach


1601 N. Congress Ave. * Boynton Beach, FL 33426 * 561.737.4600 * 3.7 miles away

<http://www.marriott.com/hotels/travel/pbibb-courtyard-boynton-beach/>

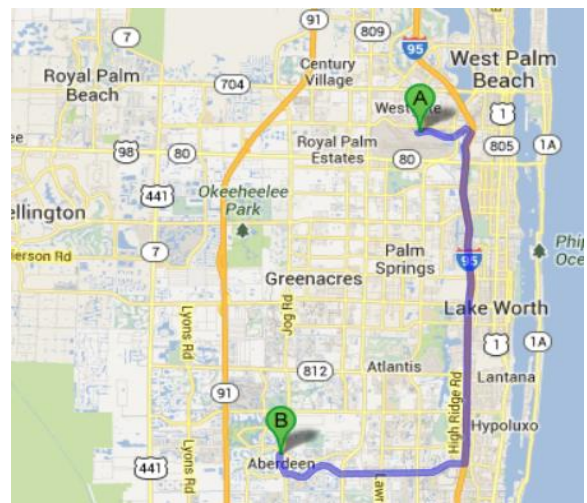
* Airport Information *



Palm Beach Int'l Airport (PBI)

1000 PBI A * West Palm Beach, FL 33406
( 16 miles from Dr. Shiffman's Office)

<http://www.pbia.org/>



* Car Rentals *

PBI- On location and off location rentals

<http://www.pbia.org/guide/rental.aspx>

Registration Form

Send filled Registration form to Alexia Eng at Aeng@t4med.com or by fax: 949.276.6651

| | |
|---|---|
| WORKSHOP CODE / DATE | NightLase & SmoothLase / December 4-5, 2015 |
| FAMILY NAME | |
| FIRST NAME | |
| ACADEMIC TITLE/SPECIALIZATION | |
| ADDRESS | |
| COUNTRY | |
| PHONE | |
| E-MAIL | |
| PROFESSIONAL EXPERIENCE | |
| EXPERIENCE WITH LASERS If yes, what kind of lasers? How many years? | |
| Will you be staying at Red Rock? | |

REGISTRATION CONDITIONS

Deadline: 4 weeks before the start of each workshop at the latest. Registration is valid only after payment (from Fotona distributor!!) has been received. The number of participants is limited for each workshop; registrations are accepted on a first-come, first-served basis.

The policy for refunding registration fees will be as follows: 50% refund 14 days before the start of the workshop. Refunds cannot be given any later than 14 days before the start of the workshop. Notice of cancellation must be made in writing (fax/email) to Fotona. The date of receipt (fax/email) will serve as the basis for refunds.

Confirmation of registration: will be sent to you 4 weeks before the start of each workshop. Please arrange flight and hotel bookings after receipt of confirmation ONLY. Fotona cannot be held liable for any cancellation fees for travel arrangements.

PAYMENT

This filled-in registration form can be considered a proforma invoice. The final invoice will be sent after the conclusion of the workshop.

Price: \$2495 (non-ACT Member) / \$1995 (ACT Member)

Amount:

Credit Card Information:

Amount: \$ _____

Circle One: Visa MasterCard AMEX Discover

CC Number: ____ - ____ - ____ - ____ EXP. _____

Billing Address: _____



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Contact Us

If you have any questions, prior to your arrival or during your stay, please feel free to contact us through the following methods:

Alexia Eng (aeng@t4med.com / 949.276.6650)

Dimas Garcia (dgarcia@t4med.com / 949.463.0380)