

THE DENTAL PRACTICE-BASED RESEARCH NETWORK AND THE
MINNESOTA DENTAL ASSOCIATION PRESENT...

**Clinically Relevant Results from Studies of the
Dental Practice-Based Research Network**

Friday, October 15, 2010

University of Minnesota Continuing Education and Conference Center
1860 Buford Avenue, St. Paul, MN 55108

Nearly 70 MDA members enjoyed the very successful 2009 "Practical Research for Clinical Excellence: Be Better - Be Smarter - Be Part of the Process!" Join us this year for important new results from practice-based studies that impact care for your patients. Practitioners involved in the studies discussed will be present for breakout sessions on the application of findings into their practice and yours.

Cost: \$75 per person - must be paid in advance *(Mail in check or fax us your credit card number.)

Time: 8:00 AM - 1:30 PM Buffet lunch is included!

Highlights:

- **"Practical Implications for ONJ Research Findings - What your patients need to know"**
Dr. Andrei Barasch, DMD, MDSC, FAAHD, Associate Professor University of Alabama, Birmingham School of Dentistry.
- **Morning break: Practitioner-led Poster Sessions**
DPBRN-enrolled practitioners share their experiences and the results of DPBRN studies
- **"Risks for Peri-Operative and Persistent Pain and Root Canal Therapy"**
Dr. Don Nixdorf, DDS, MS, Assistant Professor, Division of TMD and Orofacial Pain, Department of Diagnostic and Biological Sciences, University of Minnesota School of Dentistry
- **"Future Results from Practice-Based Research: A DPBRN Update"**
Dr. Gregg Gilbert, DDS, MBA, FAAHD, Professor, University of Alabama, Birmingham School of Dentistry and Network Chair of the Dental Practice-Based Research Network

Registration deadline is October 6, 2010 ~ Seating is limited to 100!



**MINNESOTA
DENTAL
ASSOCIATION**

REGISTRATION FORM
(PLEASE FAX OR MAIL)

Return form to:
Minnesota Dental Association
1335 Industrial Blvd., Suite 200
Minneapolis, MN 55413-4801
Fax: 612/767-8500

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Email Address _____

Card Number _____ Expiration Date _____

Card Type (circle one): Visa MasterCard American Express Discover

***Please make your check for \$75, per person, payable to the MINNESOTA DENTAL ASSOCIATION.**

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