This two-and-a-half-day program provides an intensive review of the biologic foundations of endodontology. This course is designed to be an ideal review for candidates taking either the written or oral board examinations. It will also greatly benefit all those interested in endodontics. Students, faculty, specialists, and general practitioners are welcome.

Course Director
Cemil Yesilsoy, DMD, MS, Associate Professor, Int. Co Chair
Department of Endodontics, Temple University Kornberg School of Dentistry, Philadelphia, PA

Friday, September 15, 2017
Facial Space Infections
Dr. Jeffrey Hutter

Root Resorption
Dr. Fred Barnett

Pulp Biology
Dr. Tatiana Botero

Board Walk
TBA

Mock Orals
Dr. Craig Rhodes

Saturday, September 16, 2017
Pathogenesis of Bone Resorption
Dr. Fred Barnett

Review of Stem Cells and Regenerative Endodontics
Dr. Peter Murray

Endodontic Microbiology
Dr. Ashraf Fouad

Mechanisms of Pain
Dr. Asma Khan

Anesthesia and Pain Control
Dr. Asma Khan

Sunday, September 17, 2017
Differential Diagnosis and Histopathology of Periapical Lesions
Dr. Faizan Alawi

Antibiotics and Pharmacology
Dr. Elliot Hersh

Closing Remarks
Dr. Cemil Yesilsoy
Registration

1. **Phone**: 215-707-7541

2. **Fax the below registration form to**: 215-707-7107

3. **Online**: [http://dentistry.temple.edu/continuing-ed](http://dentistry.temple.edu/continuing-ed) - Fill out the registration form, print and fax or mail in with payment.

4. **Mail**: Send payment and registration to:
   Temple University Kornberg School of Dentistry
   Office of Continuing Education
   c/o Nicole Carreno
   3223 N. Broad Street, Room 301
   Philadelphia, PA 19140
   *(Please make checks payable to TUKSoD/CE)*

**Tuition**

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**CE Credits**

17 hours

**Location**

Hilton Philadelphia City Avenue
4200 City Avenue
Philadelphia, PA 19131

**Hotel Reservations**

A block of rooms is being held at a special rate for attendees, $139 per night. In order to secure a room at this rate, reservations must be made by August 17, 2017. Please identify yourself as a participant in the Temple Endo Review Course. For reservations call 1-800-HILTONS (445-8667) or visit the website at [http://www.hilton.com/en/hi/groups/personalized/P/PHLPHHF-TUE-20170915/index.jhtml](http://www.hilton.com/en/hi/groups/personalized/P/PHLPHHF-TUE-20170915/index.jhtml).

**Parking**: Covered self-parking is available at the hotel for $5 per arrival.

**We gratefully acknowledge the following companies for their educational support:**

- Global Surgical Corporation
- PIEZOSURGERY INCORPORATED
- SS White
Registration Form

To register, please return Registration Form together with your payment.

To receive the full-time resident/faculty, military, non-resident or recent graduate discounts, written confirmation from the program director, dean or commanding officer must be provided with your registration form. Registrations made after August 14, 2017 will not be accepted.

Name: ____________________________________________ ○DMD ○DDS

Address: ____________________________________________

City, State, Zip: ________________________________________________

Phone: ______________________________________________________

*Fax: _______________________________________________________

*E-mail: _____________________________________________________

*Confirmation letter is faxed or emailed, so please provide accurate information.

DOB (Needed to process any registration): ________________________ (XX/XX/XXX)

Tuition includes continental breakfast each day and buffet lunch on Friday and Saturday. If you have any dietary needs please let us know_______________________________________________________

Academic Affiliation: ○Faculty ○Student ○None Institution____________________

Academic Institution / Military Affiliation / or year of graduation for recent (within 3 years) endodontic graduates (if applicable): __________________________

Present Position: _________________________________________________

Please make checks payable to TUKSoD/CE and remit to Temple University Kornberg School of Dentistry, Office of Continuing Education, c/o Nicole Carreno, 3223 N. Broad Street, Room 301, Philadelphia, PA 19140.

Credit Card:
If you wish to pay via credit card you may fax your completed registration form to 215.707.7107 or call 215.707.7541.

We accept Visa, Discover, MasterCard, American Express. You will be contacted for your information over the phone.

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Cancellation and Refund Policy
Cancellations received after August 14, 2017 will be refunded minus a $50 administrative fee. Cancellations received after August 21, 2017 will be refunded 50% of the fee. No refunds will be issued after September 1, 2017.