



**American Society of  
Maxillofacial Surgeons**  
*Advanced Mandible Course*

**Supported by:**  
Biomet Microfixation



**American Society of  
Maxillofacial Surgeons**  
*Advanced Mandible Course*



444 East Algonquin Road  
Arlington Heights, IL 60005  
[www.maxface.org](http://www.maxface.org)

**FACULTY**

**Rafael Alcalde, DDS, PhD**  
South Miami, FL

**Joe Garri, MD, DDS**  
South Miami, FL

**Donald Mackay, MD, DDS (Co-Chair)**  
Hershey, PA

**Robert Marx, DDS (Co-Chair)**  
Miami, FL

**Michael Peleg, DMD**  
Miami, FL

**Warren Schubert, MD (Co-Chair)**  
St. Paul, MN

**Seth Thaller, MD, DMD**  
Miami, FL

**Jack Yu, MD, DMD**  
Augusta, GA

**PROGRAM**

**Saturday, February 27, 2010**

**7:00 am REGISTRATION BREAKFAST**

**8:00 am LECTURES**

- Mandibular Trauma
- Mandibular Reconstruction
  - Bone grafts and non-vascularized options
  - Pedicled and Free flap options
- Orthognathic Surgery and Genioplasty
- Sagittal Split Osteotomy
- Genioplasty

**12:45 pm LUNCH**

**1:15 pm CADAVER LAB**

- Orthognathic Surgery and Genioplasty
- Le Fort I and Le Fort II and Le Fort III Lab demonstration

**8:00 pm DINNER FOR FACULTY & PARTICIPANTS**

**Sunday, February 28, 2010**

**7:00 am REGISTRATION BREAKFAST**

**7:45 am LECTURES**

- Osseointegrated Implants for Rehabilitation of the Reconstructed Patient
  - Indications and techniques
- Distraction Osteogenesis

**10:00 am COFFEE BREAK**

**10:15 am CADAVER LAB**

- Osseointegrated Implants
- Mandibular trauma and plating
- Orthognathic procedures and genioplasty

**1:00 pm PROGRAM CONCLUDES**

**AREA HOTELS AVERAGE PER NIGHT RATES**

Hyatt Place - Jacksonville Airport 14565 Duval Road   Jacksonville, FL 32218   904.741.4184	\$99
Marriott Springhill Suites - Jacksonville, FL 13550 Airport Court   Jacksonville, FL 32218   904.741.8002	\$89 - \$150

**REGISTRATION FORM**

**ASMS Advanced Mandible Course**

**February 27-28, 2010**

**Course Location: Lorenz Skills Academy  
1520 Tradeport Drive  
Jacksonville, FL**



PLEASE PRINT

NAME \_\_\_\_\_ ASPS/ASMS ID# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

Check here if, under the American Disabilities Act, you require specific aids or devices to fully participate in this symposium  Audio  Visual

**Course Registrant**

Resident Fellow (with letter of verification)	\$350	\$ _____
Surgeon in Practice	\$700	\$ _____
Name on Badge _____	<b>Total</b>	\$ _____

**Payment**

Check payable to MSF (U.S. funds)  VISA®  MasterCard®  AMEX®

ACCOUNT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**To register, please complete the above information and:**

**Fax** to the Member Services Center, 847-228-7099. Credit card only.

**Call** 1-800-766-4955 or 847-228-9900, ext. 471. Credit cards only.

**Mail** to the Member Services Center, 444 East Algonquin Road, Arlington Heights, IL 60005. Allow 10 days for processing. Make checks payable to the Maxillofacial Surgeons Foundation.

**Questions?** Contact the Member Services Center at registration@plasticsurgery.org or call 1-800-766-4955 or 847-228-9900, ext. 471.

