



Awards Gala Dinner Ceremony

November 04, 2010

Jumeirah Beach Hotel, Dubai UAE

The Premier Event for Professionals



GENERAL REGULATIONS

Categories:

- CONSERVATIVE AESTHETIC BEST CASE
- PROSTHETIC RESTORATION (FIXED AND REMOVABLE) BEST CASE
- IMPLANTOLOGY AND RED-AESTHETIC BEST CASE
- CONGENITAL & MAXILO-FACIAL DEFORMITIES BEST CASE
- ORTHODONTIC BEST CASE
- MULTIDISCIPLINARY BEST CASE
- CHARITY TREATED PATIENT BEST CASE

Requirements:

1. Candidates are dental practitioners and dental technicians only from MENA countries.
2. One candidate can enter one case in category.
3. One candidate can enter more than one case but in different categories.
4. The patient in submitted case has to consent pictures of his face to be shown in public space.
5. The organizer of the competition has rights to use the case for publication without limitation of duration of use.
6. Closing date for all entries - October 01, 2010.
7. There is a restriction for the Jury and Organizing Committee to participate in the competition.

Entries:

1. Complete the Entry application form and provide to the organizer. Candidates who apply with more than one clinical case should fill the application form for each case.
2. Dental Technicians who take part in the case - full name should be provided together with the name of the laboratory.
3. Brief description of the case – A4 format, in font size 12 points (1000 – 1300 words). The case report should describe the patient's presenting condition, the treatment options, and the treatment. The level of detail should be sufficient to allow the judges to understand what treatment was carried out and why.
4. Pre- and post-operative images (jpeg format, not more than 800KB) are required to allow the judges to evaluate the treatment. The images should be chronologically ordered with a date and title.
5. Candidates have the option to send the necessary documents:
 - On line: www.cappmea.com/awards2010 or
 - By post: Entry Application Form and Recorded Case Report and Pictures on a CD should be posted at:
CAPP, KV, Bldg. 9 Off. 8, P.O. Box 502221, Dubai, UAE

YOUR DETAILS:

Name:

Specialty..... Clinic:

Country: City: P.O. Box:

Tel.: Fax: Mob:

Email

Dental Technician information (involved in the case):

PAYMENT:

• Bank Transfer

Account Name: CAPP FZ LLC.
KV, Dubai, U.A.E.
Account No: 1011-178649-301
SWIFT Code: EBILAEAD
Bank Name: Emirates Bank
Al Karama Branch, U.A.E.
Please enclose and send by fax or e-mail the proof of payment (bank document)

• Check payment on the name of CAPP

Issue a check on the name of CAPP and send in CAPP office:
CAPP FZ LLC, KV, Bldg. 9, Off. 8, P.O. Box 502221 Dubai, UAE

• Credit Card

Visa Master Card

Card Number: _____

Expiry Date: _____

Card Holder's Name: _____

Address: _____

Date: _____ Signature: _____

3,5% charges for CC payment

ENTRY FEE, \$ 100 PER ENTRY

Signature:

Date:

Closing date for all entries October 01, 2010

Contact: CAPP Tel: +971 4 3616174 Fax: +971 4 3686883 Mob: +971 50 2793711 ; info@cappmea.com