



# ADF 2013

# ANNUAL DENTAL MEETING

## THE INTERNATIONAL SCIENTIFIC PROGRAMME

The following programme is restricted to the 14 sessions that will be either given in or translated into English, depending on the speaker. For more information on the 115 sessions scheduled in the 2013 Scientific Programme, please refer to the French section of this publication.

TUESDAY 26 NOVEMBER				
12:30-15:00	A9	Lecture	Periodontics	Are Surgical Periodontal Techniques Predictable and Reliable in the Long Run?
15:30-18:00	A15	Lecture	Implantology	Peri-implantitis: the New Challenge in Implantology
WEDNESDAY 27 NOVEMBER				
09:00-11:30	B25	Lecture	Periodontics	What Are the Limits of Non-surgical Therapy? Maximising the Benefits
	B26	Lecture	Conservative Dentistry	Toxicity of Materials: Myth or Reality?
12:30-15:00	B33	Masterclass	Implantology	Mariano Sanz's Masterclass: Peri-implantitis, a Challenge for the Dentistry of Tomorrow
	B34	Lecture	Multiple Disciplines	TMD: To Touch or Not to Touch the Teeth, That Is the Question
12:30-18:00	B35	'Focus on' Lecture	Conservative Dentistry	Focus on Minimal Intervention and Sustainable Dentistry: Changes in Professional Practices
15:30-18:00	B43	Lecture	Multiple Disciplines	Achieving the Perfect Smile
THURSDAY 28 NOVEMBER				
09:00-11:30	C50	Lecture	Implantology	Implants – Making the Right Choices
	C52	Lecture	Periodontics	Minimally Invasive Periodontal Therapy
12:30-15:00	C59	Lecture	Fixed Prosthodontics	Fixed Prosthodontics, Today and Tomorrow – What Is Established And What Still Needs to Be
15:30-18:00	C69	Lecture	Multiple Disciplines	Periodontitis and Systemic Diseases
FRIDAY 29 NOVEMBER				
09:00-11:30	D76	Lecture	Fixed Prosthodontics	Minimal Invasive Dentistry: Science and Clinical Recommendations
SATURDAY 30 NOVEMBER				
09:00-11:30	E99	Lecture	Dentofacial Orthopaedics	No More Premolar Extractions In Dentofacial Orthopaedics - A Reasonable Choice?

**12:30 - 15:00**  
**A9 LECTURE**

**ARE SURGICAL PERIODONTAL TECHNIQUES PREDICTABLE AND RELIABLE IN THE LONG RUN?**

**Scientific Coordinator**

V. Jaumet (Savigny-sur-Orge, France)

**Long-term Reliability of Surgical Therapy**  
S. Jepsen (Bonn, Germany)

**Impact of Periodontal Support Therapy on the Clinical Benefits of Conventional Surgical Therapy**

L. Jaoui (Paris, France)

**Regenerative Techniques: Long-term Optimisation of the Clinical Benefits?**

F. Hugues (Dental Institute – King’s College London, Great Britain)

**Learning objectives**

- Identify the indications for and contra-indications to surgical periodontal therapy
- Understand the risk factors and the conditions that influence the long-term reliability of surgical periodontal therapy

The reliability of periodontal therapy is proven and is not inferior to that of implant therapy. Indeed, periodontally-treated teeth have a long-term (ten years) survival rate of over 92%, which is no lower than the survival rate of implants, with, if there is any tissue recession, far less negative aesthetic consequences. Surgical periodontal treatments have proven that they are effective over time provided adequate plaque control is ensured and combined with regular periodontal maintenance sessions. Restorative and regenerative techniques make it possible to treat bone defects and furcation lesions with greater attachment formation than non-surgical or conventional surgical periodontal therapy.

The first two speakers will focus on the long-term outcomes and reliability of surgical periodontal therapy and on what can be reasonably expected from the current issues of research. Stable outcomes can only be achieved through thorough periodontal maintenance. The last speaker will show that it is possible in the long term to maintain good periodontal status around teeth whose periodontium has been reduced by disease.

**15:30 - 18:00**  
**A15 LECTURE**

**PERI-IMPLANTITIS: THE NEW CHALLENGE IN IMPLANTOLOGY**

**Scientific Coordinator**

S. Jepsen (Bonn, Germany)

**Inflammation and Bone Metabolism**

J.-L. Saffar (Université Paris Descartes, France)

**From Fundamental Knowledge to Clinical Management**

J.-P. Albouy (Montpellier, France)

**Regenerative Surgical Therapy**

T. Berglundh (The Sahlgrenska Academy, University of Gothenburg, Sweden)

**Learning objectives**

- Understand and be capable of diagnosing and treating peri-implantitis

Peri-implantitis is an infectious disease with a pathophysiology similar to that of periodontitis. This session will give an insight into the biological causes of peri-implantitis and the associated risk factors: periodontitis, implant surfaces, prosthesis design. Specific management protocols will be suggested: prevention, non-surgical therapy, surgical therapy, regeneration techniques.



**9:00 - 11:30**  
**B25 LECTURE**

**WHAT ARE THE LIMITS OF NON-SURGICAL THERAPY? MAXIMISING THE BENEFITS**

**Scientific Coordinator**

H. Tenenbaum (Dental Faculty, University of Strasbourg, France)

**Manual and/or Ultrasonic Non-surgical Therapy – How Can We Optimise the Outcome?**

J.-M. Svoboda (Dental Faculty, University of Reims, France)

**Medium- and Long-term Outcomes of Non-surgical Therapy**

O. Huck (Dental Faculty, University of Strasbourg, France)

**The Limits of Non-surgical Therapy**

T. Kocher (University of Greifswald, Germany)

**Learning objectives**

- Know the indications and limits of non-surgical treatments in general dental practice
- Discover the advantages of new technologies from the point of view of the patient and of the practitioner

Non-surgical therapy using scaling and root planing, sometimes in combination with a chemical antiseptic and/or systemic antibiotic treatment, has shown its efficacy in stopping the destruction of periodontal tissues and, consequently, enabling tooth preservation. Outcomes have been further improved by using ultrasonic inserts that are sufficiently fine to reach deep subgingival areas. The many medium- and long-term studies available do not show any significant differences between the outcomes achieved through non-surgical therapy and those obtained through surgical cleansing treatments. However, non-surgical procedures are conducted without any visibility and surgical therapy therefore remains the choice technique for difficult-to-reach areas such as the furcation area, especially of the maxillary molars.



**09:00 - 11:30**  
**B26 LECTURE**

**TOXICITY OF MATERIALS: MYTH OR REALITY?**



**Scientific Coordinator**

P. Colon (Université Paris Diderot, France)

**Toxicity: a Word, a World, a Reality**

R. Garnier (La Frette sur Seine, France)

**Assessment of the Biological Behaviour of Materials: Assumptions and Certainties**

G. Schmalz (University of Regensburg, Germany)

**The Topics That Cause or Will Cause Controversy in Conservative Dentistry**

S. Babajko (Université Paris Diderot, France)

**Learning objectives**

- Better understand toxicity and target organs in conservative dentistry
- List the materials used in conservative dentistry: amalgam, bonding agents and composites, glass ionomer cements

The materials used in conservative dentistry belong to very varied families: metal alloys, polymers, mineral and organic-mineral cements. Toxic phenomena can be related to the materials themselves or to the materials' degradation products. The target organ may be the dental pulp, with the toxic substance being spread through the dental tubules. However, if there is intestinal absorption, major organs such as the kidneys or even the brain may be affected. Toxic phenomena, unlike allergic phenomena, occur only after a certain threshold has been exceeded, below which no adverse effect is observed. This threshold concept is subject to controversy as some substances may be toxic in very low doses. We will discuss the cellular, carcinogenic, oestrogenic, and mutagenic effects of toxicity, which are becoming increasingly topical issues. Indeed, the mercury contained in dental amalgam has regularly come back to the forefront for over a hundred years, but the work conducted by the ANSAM (the French national agency for the safety of medicines and health products) has provided a scientific review of the data published in the literature. More recently, the attacks brought against the Bisphenol-A compounds contained in some plastic food wrappings, and also in most composite resin-based restorative polymers, can leave no one indifferent. Our materials are not inert and the aim of this lecture is to make you well aware of the fact. However, from a public health perspective, thorough scientific analysis is the rule, even if many beliefs, easily disseminated by the media, try to divert practitioners and their patients away from this approach, which is the only credible one.

**12:30 - 15:00**  
**B33 MASTERCLASS**

**MARIANO SANZ'S MASTERCLASS**  
**(Dental Faculty of Madrid, Spain)**

**PERI-IMPLANTITIS, A CHALLENGE FOR THE DENTISTRY OF TOMORROW**



**Scientific Coordinator**

J. Malet (Paris, France)

**Learning objectives**

- Gain a deeper knowledge of the pathophysiology, diagnosis, and management of peri-implantitis

Maintaining healthy peri-implant tissues is essential to the long-term success of dental implants. The accumulation of dental plaque may in some patients induce an inflammation that can result in the progressive destruction of these tissues and, in the long run, to implant loss. This disease, known as peri-implantitis, is an infectious disease with a pathophysiology similar to that of periodontitis. This session will give an insight into the biological causes of peri-implantitis and the associated risk factors: periodontitis, implant surfaces, prosthesis design. The treatment of peri-implantitis has been addressed in many publications over the past five years. The most efficient and realistic evidence-based protocols will be described. As with periodontitis, the prevention of peri-implantitis is the major component of the treatment plan. It relies on an accurate diagnosis and on individual patient risk assessment. Treatment depends on the extent of tissue destruction and on the morphology of the lesions. It systematically includes a non-surgical infection and risk factor control phase. Surgical treatment may be necessary to stabilise the outcome or to rebuild the tissues using regeneration techniques.

**12:30 - 15:00**  
**B34 LECTURE**

**TMD: TO TOUCH OR NOT TO TOUCH THE TEETH, THAT IS THE QUESTION**

Lecture organised by the *Collège National d'occlusodontologie* (CNO, the French national college of occlusodontology)



**Scientific Coordinator**

J.-F. Carlier (Bucy le Long, France)

**The Management of Parafunctional Behaviours**

B. Fleiter (Dental Faculty, Université de Paris Descartes, France)

**When Should the Occlusion Be Optimised?**

J.-D. Orthlieb (Dental Faculty, University of Marseilles, France)

**Rebuilding the Occlusion**

E. Tanteri (Turin, Italy)

**Learning objectives**

- List all the arguments that support occlusal modification in patients with Temporomandibular Disorders
- Discover the diagnostic stages that precede the decision to implement a therapeutic occlusion

In this lecture, the speakers will endeavour to list the objective signs that, in the patient's medical history, during the clinical examination and in the results of the diagnostic tests, advocate modifying the mandibular position in a patient with TMD. B. Fleiter will describe non-invasive methods, to be carried out mainly by the patient, such as the modification of the parafunctional behaviours that generate muscle hyperactivity and stress on the joints, and muscle re-education. J.-D. Orthlieb will focus on the diagnostic procedure that leads the clinician to optimising the occlusal functions in order to reduce the need for adaptation of the muscular and joint structures. The dilemma stems from the difficulty in assessing the patient's capacity to adapt and the occlusal architecture's potential for optimisation. E. Tanteri will explain the clinical stages of a mandibular anterior repositioning therapy, which lead either to reconstructing the teeth's occlusal morphology or, using orthodontics or orthopaedics, to modifying the teeth's positions on the dental arches, in order to recreate functional conditions further forward of the patient's usual mandibular position.

12:30 - 18:00  
B35 'FOCUS ON' LECTURE

**FOCUS ON MINIMAL INTERVENTION AND SUSTAINABLE DENTISTRY: CHANGES IN PROFESSIONAL PRACTICES**

**Scientific Coordinator**

J.-J. Lasfargues (Université Paris Descartes-Hôpital Bretonneau, France)

**Caries Disease Treatment Based on Caries Risk Management**

M. Muller-Bolla (Dental Faculty, University of Nice-Sophia Antipolis, France)

**Minimal Intervention and the Preservation of Periodontal Health**

D. Guez (Université Paris Descartes, France)

**Treatment of Tooth-Wear Lesions Based on the Management of Erosion and Abrasion Risks**

P. Colon (Université Paris Diderot, France)

**Minimal Intervention Dentistry or How To Preserve Pulp Vitality**

A. Banerjee (Royal College of London, Great Britain)

**How to Optimise the Success and Lifespan of Adhesive Restorations**

F. Decup (Université Paris Descartes, France)

**Minimal Intervention at the Service of Aesthetics**

S. Cazier (Paris, France)

**Learning objectives**

- Identify the risk factors for the main oral diseases: carious lesions, periodontal diseases, dental wear
- Adopt a holistic approach to patient care based on the management of individual risks
- Treat diseases preferably using minimal intervention methods
- Achieve long-lasting and aesthetic restorations while preserving a healthy dental pulp and gums

The surgical and prosthetic approach has for a long time been the standard response to the treatment of advanced oral lesions. These are often identified too late in the context of a strong prevalence of oral diseases and treated individually, as the need arises, without the factors and needs specific to each patient being truly taken into account.

This therapeutic approach, which is mainly functional even when it claims to be aesthetic, is no longer suited to current disease profiles, nor does it meet our contemporaries' expectations or the requirements incurred by an increasingly longer lifespan. Moreover, it does not prevent recurrences and holds an inherent risk of tooth loss, with all the consequences this implies.

A change in professional practices is

necessary to replace this obsolete model with a more sustainable one based on prevention and tissue preservation. This conservative approach, generally known as Minimal Intervention Dentistry (MID), is used to treat carious and periodontal diseases as well as syndromes of tooth wear such as erosion and abrasion. This necessary change in professional practices is made possible by an increasing insight into the etiopathogenic mechanisms of these diseases and the improvement and/or renewal of materials and technologies.

This lecture will provide an overview of MID that will enable attendees to quickly identify the risk factors for the main oral diseases; adopt a holistic approach, based on individual risk management, to the care of their new patients; use non- or minimally-invasive techniques; achieve biological, aesthetic and long-lasting restoration of the teeth and supporting tissues, whatever the severity of the lesions, while, in the long run, preserving a healthy dental pulp and gums.



15:30 - 18:00  
B43 LECTURE

**ACHIEVING THE PERFECT SMILE**

**Scientific Coordinator**

J.-F. Lasserre (Dental Faculty, University of Bordeaux, France)

**Psychology: Smile, Communication, Self-image**

H. Lafargue (Dental Faculty, University of Bordeaux, France)

**Pink Aesthetics: No Harmony Without Optimised Tooth-supporting Tissues**

R. Serfaty (Paris, France)

**Restoring the Smile in Cases With Severe Discolouration and Extensive Erosion**

S. Koubi (Dental Faculty, University of Marseilles, France)

**Faces, Balance and Imbalances**

L. Dalloca (Arcore, Italy)

**Learning objectives**

- Analyse existing and residual tissues (dental tissues, soft tissues, bone tissues)
- Manage an aesthetic project with the aim of achieving greater tissue preservation

Achieving a perfect smile requires much more than a technical procedure. Success relies first of all on a global, philosophical, sociocultural and psychological approach to the patient, as H el ene Lafargue will explain. Basic knowledge of the normality or psychopathology of the patient's profile is absolutely necessary before venturing into any aesthetic rehabilitation. Raphael Serfaty will underline how much a harmonious smile depends on a healthy and balanced gingival setting and how plastic mucogingival surgery also has an artistic dimension.

The art of fire – of ceramic to be more specific – can be used in a standard environment to produce works that will go unnoticed and yet illuminate our patients' faces, as Stefan Koubi will show through examples of extensive aesthetic rehabilitations following tooth discolouration or erosion in the anterior region.

Lastly, in a purely artistic approach, Luca Dalloca will emphasise the importance for practitioners of developing their sense of perception and of designing restorations that not only fit in with the dentolabial aspects of the smile but, above all, are in harmony with the whole face.



**09:00 - 11:30  
C50 LECTURE**

**IMPLANTS – MAKING THE RIGHT CHOICES**

**Scientific Coordinator**

J.-P. Albouy (Montpellier, France)

**Making the Right Treatment Choices: Teeth or Implants?**

O. Carcuac (Göteborg, Sweden)

**Making the Right Choices for Surgical Implants in the Anterior Maxilla Region**

T. Degorce (Tours, France)

**Making the Right Aesthetic Choices**

M. Reshad (Eastman Dental Institute, London, Great Britain)

**Learning objectives**

- Adopt concrete solutions for safe decision-making in implantology

There are many pitfalls in implantology but most may be avoided by choosing the appropriate techniques. Experienced clinicians versed in the practice and theory of periodontics, implantology and prosthetics will guide us on the best choices to make in our clinical practice. The lecture will focus first on the criteria used to choose between tooth or implant. Reliable surgical choices will then be suggested for a safer practice. Lastly, the aesthetic choices best suited to meet our patients' expectations will be presented.



**09:00 - 11:30  
C52 LECTURE**

**MINIMALLY INVASIVE PERIODONTAL THERAPY**

**Scientific Coordinator**

A. Soueidan (Dental Faculty, University of Nantes, France)

**Non-surgical Periodontal Therapy – Possibilities and Limitations**

L. Laurell (Eastman Dental Institute, London, Great Britain)

**Periodontal Surgery – from Maximal to Minimal**

J. Cosyn (University of Gent, Belgium)

**Simplified Surgical Procedures to Treat Periodontal Intraosseous Defects**

L. Trombelli (University of Ferrara, Italy)

**Learning objectives**

- Know the aims and limitations of non-surgical periodontal therapy
- Understand the changes in and prospects of minimally invasive periodontal therapy
- Learn the technical aspects of minimal surgery for the treatment of intraosseous defects

Approaches to periodontal therapy have been based on our knowledge of microbiology, etiopathogenesis and inflammation. These approaches have changed with the results of preclinical and clinical studies. If “sealing the pocket” remains the main objective, the means to achieve this objective have changed considerably, both on the conceptual and the technical level. A rather invasive surgical approach was proposed and predominantly used until the beginning of the 80s. Later on, the results of randomised clinical trials comparing non-surgical and surgical techniques helped to redefine the indications for surgical therapy, which was no longer chosen as a first-line treatment but considered as a complementary procedure in the global and reasoned management of the patient. Finally, from the 90s onwards, the growing development of surgical instruments and of optical aids opened the way to a minimally invasive approach which helped to considerably limit the adverse effects of surgical therapy and to maximise tissue integrity preservation. The speakers will first explain what can be expected from non-surgical periodontal therapy, then describe the stages that led to the minimally invasive approach described above and, lastly, explore how these techniques may continue to evolve in the context of periodontal therapy and regeneration.

**12:30 - 15:00  
C59 LECTURE**

**FIXED PROSTHODONTICS, TODAY AND TOMORROW – WHAT IS ESTABLISHED AND WHAT STILL NEEDS TO BE**

**Scientific Coordinator**

B. Walter (Dental Faculty, University of Strasbourg, France)

**Fixed Prosthodontics and Bonding**

Y. Samama (Paris, France)

**Implant-supported Fixed Prosthesis**

F. Bonnet (Cannes, France)

**CAD/CAM**

P.-C. Guess (University of Freiburg, Germany)

**Learning objectives**

- Understand the technological developments in fixed prosthodontics and identify what can be considered as established and what remains to be proven

Developments in restoration and bonding materials have led us to believe that metal-ceramic techniques are a thing of the past. Although these techniques may indeed have lost some of their appeal because they are less conservative, less aesthetic and more limited for some indications, they have nevertheless proven their worth. Can current technologies replace them lastingly or even surpass them?

The time issue also applies to implant-supported fixed prosthodontics, which today seems to have no limits. Osseointegration may be well understood, but prosthetic design, soft tissue management and the choice of materials still raise several questions. Fixed prosthodontics and implantology use Computer Aided Design and Computer Aided Manufacture to the best of their performance. However, the rapid developments in CAD/CAM, just as in materials, may destabilise general practitioners. Should they continue to combine CAD/CAM and conventional techniques or can CAD/CAM meet all needs? The speakers will endeavour to determine, in each of these three fields, what can be considered as established and what still needs to be demonstrated.

15:30 - 18:00  
C69 LECTURE

**PERIODONTITIS AND SYSTEMIC DISEASES**

**Scientific Coordinator**  
H. Rangé (Paris, France)

**Learning objectives**

- Discuss the bidirectional relationship between periodontal diseases and other diseases.
- Understand the clinical consequences of the association of periodontal diseases with other diseases

**Cardiovascular Diseases**

O. Meilhac (Paris, France)

**Metabolic Syndrome (Diabetes and Obesity)**

F. D'Aiuto (Eastman Dental Institute, London, Great Britain)

**Adverse Outcomes of Pregnancy**

P. Madianos (University of Athens, Greece)

There is a growing interest in periodontal medicine, greatly enhanced by numerous publications. Epidemiology and translational research have highlighted the impact of the inflammation and bacteraemia associated with periodontitis on several systemic conditions such as cardiovascular, metabolic and obstetrical diseases.



09:00 - 11:30  
D76 LECTURE

**MINIMAL INVASIVE DENTISTRY: SCIENCE AND CLINICAL RECOMMENDATIONS**

**Scientific Coordinator**

P.-C. Guess (University of Freiburg, Germany)

**Implant-Supported All-ceramic Restorations**

F. Beuer (Munich Dental School, Germany)

**All-ceramic Adhesive Restoration Materials and Clinical Performance**

J. Hajto (Munich, Germany)

**Choice of Restorative Material - Yesterday, Today & Tomorrow**

V. Fehmer (University of Zurich, Switzerland)

**Learning objectives**

- Understand and recognise the risk factors and clinical criteria for the long-term success of bonded ceramic restorations

Minimal demands but also restorative needs in anterior and posterior dentition have changed dramatically within the last decades. All-ceramic materials and CAD/CAM technologies are increasingly used in prosthetic dentistry. The paradigm shift in fixed prosthodontics from traditional to minimal invasive treatment approaches is evidenced by the clinical long-term success of bonded glass-ceramic restorations. Modern all-ceramic materials deliver superior aesthetics and reliability, as shown by contemporary material science. Advancements in all-ceramic systems and adhesive technologies enable the development of innovative defect-oriented treatment concepts for restoring compromised dentition. Nowadays, non-retentive preparation designs in combination with reduced ceramic thicknesses allow for a minimal invasive treatment approach.

09:00 - 11:30  
E99 LECTURE

**NO MORE PREMOLAR EXTRACTIONS IN DENTOFACIAL ORTHOPAEDICS - A REASONABLE CHOICE?**

**Scientific Coordinator**

P. Canal (Dental Faculty, University of Montpellier, France)

**Extraction vs. no Extraction - Choice Criteria**

M. Chouvin (Dental Faculty, University of Montpellier, France)

**Periodontal Consequences of Orthodontic Treatments With and Without extractions**

D. Martin (San Sebastian, Spain)

**Aesthetic Impact of Orthodontic Treatments: Extractions?**

C. Galletti (Paris, France)

**Learning objectives**

- Specify the indications for premolar extraction in dentofacial orthopaedics and the limitations of expansion therapy
- Analyse the aesthetic outcomes of treatments with and without premolar extraction

The impact of ageing on an individual's profile, current aesthetic criteria, and the development of new techniques have led to a significant reduction of premolar extractions in orthodontic treatments. Some orthodontists have even abandoned them completely. This lecture will show the dangers of a too-systematic approach and detail the aesthetic and periodontal consequences of premolar extractions and of expansion therapy. The first speaker will specify the current indications for orthodontic premolar extractions and underline the pros and cons of this kind of procedure. The second speaker will comment the periodontal consequences of extractions and of expansion therapy. The third and final speaker will discuss the aesthetic changes brought to the face and smile by orthodontic treatments with and without premolar extractions.



# PRACTICAL INFORMATION

## THE EXHIBITION FOUR DAYS, WEDNESDAY 27-SATURDAY 30 NOVEMBER

The ADF Annual Dental Meeting is not only the single most important European dental event in terms of continuing professional development for dentists. It also includes, at the same time and in the same venue, an international Exhibition organised in partnership with COMIDENT, the French dental trade and industry association.

During this year's Exhibition, which is open to the entire dental profession, 400 exhibitors will present their products and services, and offer oral health care professionals advice on new devices and technologies.

### **YOUR TIME IS PRECIOUS, AVOID WAITING IN LINE — PRE-REGISTER ON LINE.**

Dentists and dental technicians, and dental assistants or accompanying persons who also wish to visit the Exhibition, may obtain an electronic Visitor Badge on line at [www.adf.asso.fr](http://www.adf.asso.fr) (go to the section "The Annual Meeting >>> The Exhibition")

### **EXHIBITION OPENING HOURS**

Wednesday, Thursday, Friday: 09:00-19:00 (last admission 18:00)  
Saturday: 09:00-16:00 (last admission 15:00)

The Exhibition is open to all health care professionals — admission is free for all visitors and Conference attendees.

The Exhibition Visitor Reception Desk is located on level 0 of the Palais des Congrès. It is open everyday at the following hours:

- Wednesday - Friday: 09:00-18:00
- Saturday: 09:00-15:00

### **Go there to:**

- have your Exhibition badge made by an Exhibition hostess
- print your badge yourself using the e-badge terminals if you pre-registered online

If you are registered as a Conference attendee, your badge gives you access to the Exhibition hall.

## THE VENUE

### **ACCESS**

**PALAIS DES CONGRÈS, PLACE DE LA PORTE MAILLOT, 75017 PARIS**

- **By métro:** line 1 (La Défense/Château de Vincennes), Porte Maillot métro station
- **By RER:** line C, Neuilly-Porte Maillot-Palais des Congrès RER station
- **By bus:** lines 43, 73, 82, PC

For more information, please visit the Parisian public transport website: <http://www.ratp.fr>

### **CLOAKROOM**

The cloakroom is located on level 0 in the Foyer du Grand Auditorium.  
Charging service: 2 euros per day per item of clothing, 3 euros per day per item of luggage (please note that for safety reasons, you will be required to present your badge).

### **SHOPPING AND BASIC AMENITIES**

On levels 0 and -1 of the Palais des Congrès, you will find:

- a Bureau de change and a cash dispenser;
- a shopping centre with pharmacy, tobacconist, newsagents and hairdresser;

Go to the Palais des Congrès Concierge at the central reception desk on level 0 for any help or information.

### **RESTAURANTS AND CAFÉS**

There are a number of places to choose from for a light snack, a hot meal or just a drink.

#### **Within the Exhibition halls:**

- **on level 1:** ADF Pavilion and bar in the Ternes Exhibition hall,
- **on level 2:** Foyer of the Amphitheatre Bleu,

- **on level 3:** La Terrasse de l'ADF.
- Outside the Exhibition halls**
- The restaurants of the Palais des Congrès, the shopping centre and the hotel Hyatt Regency Paris Étoile have changed their opening hours to suit the visitors and Conference attendees;
  - You will find many restaurants in the immediate vicinity of the Palais des Congrès



# PLANNING YOUR TRIP

## VISA REQUIREMENT

A valid passport and visa is required of all U.S. citizens and foreign nationals entering France. Most visitors will not need a visa for a tourist stay. For more detailed information, please visit the French Ministry of Foreign Affairs website at <http://www.diplomatie.gouv.fr/en/> or contact the nearest French Embassy or Consulate in your home country.

## LETTER OF INVITATION TO THE MEETING

An official ADF Letter of Invitation to the ADF Annual Dental Meeting will be sent upon request. This invitation is intended only to facilitate participants' travel and visa arrangements and does not imply provisions of any financial or other support. If an invitation letter is required, please contact the ADF (tel: +33 1 58 22 17 10 – fax: +33 1 58 17 22 40 – email: [adf@adf.asso.fr](mailto:adf@adf.asso.fr) or go to the ADF website at [www.adf.asso.fr](http://www.adf.asso.fr) and fill in the form in the section "The Annual Meeting >>> Practical Information").

## HEALTH REGULATIONS

Participants are advised to contact the French Embassy or Consulates in their own countries to obtain information about health regulations and entry requirements, as these are subject to any agreements that the French Government may have with other countries.

## INSURANCE

The Organisers of the Event will accept no liability for personal injuries, nor for loss of or damage to any personal belongings. Participants are therefore strongly advised to take out personal insurance before they leave their home country.

## CURRENCY

The monetary unit in France is the Euro. Foreign currency and travellers cheques can be exchanged in banks, hotels and bureau de change. Most shops will accept all major credit cards.

### A little guide to the Euro:

- €1 is divided into 100 centimes or cents.
- **Notes:** €5, €10, €20, €50, €100, €200 and €500.
- **Coins:** 1, 2, 5, 10, 20 and 50 cents; €1 and €2.

## CLIMATE AND CLOTHING

November in Paris is rather fresh with temperatures ranging from 7 to 12°C (44.6 to 53.6°F). It is recommended that you bring warm clothing and protection against the rain.

## ELECTRICITY

Standard electrical current in France is 220 V. Two-pin plugs are widely used in France. You are strongly advised to bring an adapter for all your personal electrical equipment.

**PLEASE VISIT OUR WEBSITE FOR MORE INFORMATION: [WWW.ADF.ASSO.FR](http://WWW.ADF.ASSO.FR)**

## TRAVEL DISCOUNTS

### RAIL

ADF Meeting Attendees are granted a 20% discount on the French railway network SNCF. In order to receive your discount vouchers, please tick the relevant box on the back of your registration form and indicate the number of vouchers needed. Please note that these discount vouchers must be asked for before 10 November 2013.

### AIR FRANCE-KLM

ADF Meeting Attendees may enjoy a discount on their Air France ticket on presentation of this programme to their travel agent. A specific discount voucher may be downloaded from the ADF website at [www.adf.asso.fr](http://www.adf.asso.fr) (go to the section "The Annual Meeting >>> Practical Information") where you will also find a link to the online Air France booking service.

## HOTEL ACCOMMODATION

Enjoy preferential rates at the hotels Hyatt Regency Paris Etoile and Le Méridien Etoile. These rates include all taxes and breakfast. They are valid for the duration of the ADF 2013 Annual Dental Meeting depending on availabilities. Reservations must be made before 25 October 2013.

### HÔTEL HYATT REGENCY PARIS ÉTOILE

(formerly the hotel Concorde La Fayette)  
Ask for the Congrès ADF 2013 preferential rates when booking

- Standard room: single €243 – double €263
- Deluxe room: single €283 – double €303
- Club room: single €308 – double €328

3 place du Général-Koenig  
75017 Paris

Tel. : +33 (0)1 40 68 12 34

Fax : +33 (0)1 40 68 50 43

Group reservations: +33 (0)1 40 68 52 81

Online reservation:

<https://aws.passkey.com/event/10717681/owner/7806428/home>

### HÔTEL LE MÉRIDIAN ÉTOILE

Ask for the Congrès ADF 2013 preferential rates when booking

- Deluxe room: single €255 – double €275
- Executive room: simple €285 – double €305

81 boulevard Gouvion-Saint-Cyr  
75017 Paris

Tel.: (33) 01 40 68 30 74

Fax: (33) 01 40 68 31 03

Online reservation:

[www.starwoodmeeting.com/StarGroupsWeb/res?id=1304112330&key=29C65](http://www.starwoodmeeting.com/StarGroupsWeb/res?id=1304112330&key=29C65)

To obtain a list of hotels in the vicinity of the Palais des Congrès, please tick the relevant box on the back of your registration form or visit our website: [www.adf.asso.fr](http://www.adf.asso.fr) (go to the section "The Annual Meeting >>> Practical Information").

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