



I A C A

Newsletter Volume 1 Issue 4



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Presented BY



HARDING HEADLINER

The dust may have finally settled from the explosion that was the IACA Chicago Meeting but the Board of Directors is already hard at work planning the next annual meeting in Orlando at the beautiful Walt Disney World Swan and Dolphin. The dates are July 30th through Aug 2nd 2008. We realize that the bar has been set high, but plan on delivering the best IACA Conference yet!

In addition to conference planning the Board has been charged with developing a set of benefits for IACA members. The goal is that these benefits along with the annual conference will further position the IACA as the top dental professional organization to belong to. We want to hear from members. I therefore encourage you to contact me personally, info@vailsmliles.com or 970-390-4129, with ideas for benefits that would be important to you.

Some of the current areas being explored for IACA membership benefits are:

- Winter Retreats
- CE availability throughout the year
- Increased number of Webinars
- Newsletters
- Buying program discounts

As you can see, it is a very exciting time to be part of the IACA. With the help of our membership, we are going to grow into a world-

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MARK YOUR CALENDAR

**The next IACA webinar will be
January 23, 2008 at 5pm
Pacific, with
Implant Specialist
Leo Malin, DDS**

FUTURE MEETINGS

**2009 Annual Conference
The Westin St. Francis
July 30 - August 1
San Francisco, California**

**2010 Annual Conference
The Westin Boston Waterfront
July 22 - 24
Boston, Massachusetts**

class dental organization. Please join us on what promises to be a great ride. See you in Orlando !

Jim Harding
President

EDITORIAL

Dan Jenkins DDS, FICD, Certified Dental Editor - AADE

Chicago - Amazing!

The IACA was formed three years ago out of the common feeling of a need for an open discussion organization. Those who joined at that time might have done so for various reasons, but mainly in the hopes that a new international comprehensive care cosmetic dentistry organization could be established that would not be restrictive to open discussion. This year at the Chicago meeting that hope was evidenced in the variety of the presentations from various philosophies.

The speakers were not all of one type of occlusion or cosmetic philosophy. There were programs presented by dentists, dental laboratory technicians, dental hygienists, dental assistants, practice management consultants, and financial consultants. There was so much variety that the only way to hear everything was to buy the conference DVDs – which I did!

There were three things that I observed at the Chicago meeting, which I found amazing. First, was a panel discussion on "Incorporating Occlusion Into Your Practice." Many of us have attended panel discussions on occlusion over the years. I attended another panel discussion on occlusion at a meeting in Hawaii a few years back. As we were waiting for the speakers, another attendee started telling me about a meeting twenty years before where they had the top occlusion experts of the day on a panel. He said these guys ended up yelling at each other

**2011 Annual Conference
Grand Hyatt on the Bay
July 28-30
San Diego, California**

Laser Tips

by peter pang, dds, fagd

The topic of safety tends to offer up images of geeky, nerdy, cautious individuals or adorable grandmotherly types. However, I'm sure we all agree that our eyesight, the eyesight of our trusted dental team, and our client patients are critically important.

Last year, an experienced laser sales representative suffered eye damage on the exhibit floor at a dental conference meeting. This certain sales representative (name withheld for privacy issues), admitted to suffering excruciating pain and becoming visually impaired immediately. He required eye surgery for sight restorative correction. The incident occurred from a distance of four feet. He was not wearing safety goggles.

Lasers are safe when used appropriately. This means using the appropriate safety goggles. Safety goggles should have opaque side shields, an Optical Density (OD) rating of 5 or higher, and be specific for the laser wavelength you are using. All three requirements are vital for protecting the eyesight of anyone within the operating space of the laser.

Each laser safety goggle should have stamped on the side or lens the specific wavelength

and calling each other unfavorable names. I found this true with other panels I had attended. What was interesting to me was that these other panels were all of the same occlusion philosophy. It seems when dentists get together on many subjects they tend to get very defensive about their positions. So, these things went through my mind when I sat down waiting for the IACA Chicago occlusion presentation. However, to my very proud excitement, while each of the presenters had their own particular favorite way of approaching a case, they were NOT yelling at each other. In addition they agreed that what the others were doing was fine. They were in agreement on the science of their occlusion philosophy and realized there was more than one way to get there. This was amazing! You could have six people in a room and observe someone walk in and yell something and they would be in disagreement as to what the person looked like and what they said. So, it was amazing that all six could agree on the basic science of their occlusion treatments. When you buy the DVDs of the Chicago meeting you will see what I mean.

Secondly, I heard no stories of anyone in the audience becoming irate over the presentations and challenging the speakers. I don't know if the great refreshments provided in the morning before the meeting had Prozac in it or if we all have just learned to live with each other but this was amazing also! We tend to feel very comfortable that what we are doing is the right way and when someone else presents another approach or philosophy it bothers us. Some immediately want to evangelize or burn at the stake and feel the need to do so on the spot publicly.

These first two observations are a true testament to the IACA organization, the directors who organized the Chicago meeting, and to the professionalism of all the attendees. It is for the betterment of our patients that we maintain a professional life long student attitude. Otherwise, we would only believe and practice what we did the day we graduated from dental school!

My third amazing observation was that over five

and OD rating. Do not rely on color of the lens.

Know your laser's wavelength and match it to the appropriate safety goggles. For example, there is a different safety goggle for diode lasers falling in the 810-830nm range, and a completely different lens for diode lasers falling in the 980nm range.

Another important tip to keep in mind is; do NOT clean plastic safety goggles with harsh chemical disinfectants. They will render the protective coating useless. At this time, plastic goggles are washed with soap and water and dried with non-scratch cotton.

Remember, when it comes to lasers do not lose sight of safety!

Dr. Pang holds Advanced & Educator status with the Academy of Laser Dentistry and has been published in several journals. He also is a Fellow of the Academy of General Dentistry, Sustaining member of AACD and holds memberships in IACA, IAO and ADA.

Abstract Alley

Problems with pre-etching for 1 step self-etch adhesives.

Extension of a One-Step Self-Etch Adhesive Into a Multi-Step Adhesive. Dental Materials 2006; 22 (June): 533-544. Van Landuyt KI, Peumans M, et al.

Etching with phosphoric acid prior to using a single step adhesive produced higher bond strength on enamel, but produced lower bond strength in dentin.

hundred attendees signed up for the Orlando meeting – and the program has not even been announced yet! This was a true testament to the Chicago meeting being just amazing. Those five hundred strong IACA supporters, (yes, I signed up too!), could tell from this meeting that the next one will be even better. If you did not sign up for next year while you were at Chicago you should sign up quickly as you already know how amazing it was and there is only going to be room for one thousand in Orlando. If you did not go to Chicago you should purchase the conference DVDs and view them quickly with your team so you will appreciate how amazing the meeting was. You may not experience the same electric atmosphere from the DVDs, (no reference to the lightning storm intended), but it will show you how much information was available. Then, you should sign up quickly if you do not take my word for it and sign up at the same time you order the DVDs.

The IACA mission three years ago was to create an exciting international organization that was open to all opinions and philosophies – mission accomplished – in an amazing way!

A MARKETING STORY

by curtis westersund, dds

Story telling was here long before Marketing. It was here before T.V. Infomercials, before the 60 second Radio spot, even before the first book was rushed off the Gutenberg press. Story telling began with our ancestors huddled around the village fire that held back the darkness each night.

The rising of the sun became a story of a Sun God. Sickness and disease led to humors and meridians. Stories explained the world around us. Stories were how we spread ideas. Those stories that were told the "best;" were destined to be repeated - over and over. These became our legends.

O.K. So what? I thought this was an article on marketing. Well, it turns out that this heritage of telling stories is very relevant in the effectiveness of whatever marketing you do. For you to promote your dental practice it is crucial

The demineralized collagen matrix was poorly infiltrated by the resin and resulted in a porous hybrid layer in the dentin.

Elderly decay rate not related to educational level.

A five year caries incidence study in Finland of 200 subjects born in the years 1904, 1909, and 1914 showed no correlation between their level of education and their level of caries incidence.

(Perhaps this shows that even concerning dental hygiene “all you really need to know you learned in kindergarten?”) dj

Level of Education and Incidence of Caries in the Elderly: A 5-Year Follow-Up Study. Gerodontology 2006; 22: 120-136. Siukosaari P, Ainamo A, Narhi TO.

Hygienists should evaluate for occlusal problems.

Article recommends having dental hygienists evaluate patients for occlusal signs and symptoms that may contribute to periodontal disease. Besides a brief history of occlusion the author’s mention signs of facets of wear and state that mal-occlusion is the most under-diagnosed and under-treated problems in dentistry.

The Controversy Continues; Investigating the Role of Occlusion in the Development and Treatment of Periodontal

that you look at the story you are telling the world right now. For in the world of marketing, everything you do both internally, (within your practice), and externally, (with your advertising campaign), is telling a story. If you tell a good story, then it will be repeated, and your business will prosper. But if your story is one of unbelievable twists and turns, of unlikely heroes and uninteresting characters then ... well, you may be sitting around that village fire by yourself.

We all know we need to market. Any business that fails to market becomes extinct. Like it or not - you market or you perish.

Whoa, whoa your say. I do not market, but I still have a dental business. The confusion comes from the use of the word marketing and the word advertising.

The two words are often interchanged with each other, which can lead to confusion. Let me clarify right now what these words mean.

Marketing: It is every contact that occurs between you and your patient or prospect. This includes the pavement on your parking lot, the paint on your building, or the way your team dresses. It is the color of your walls, the furniture in your waiting room, or the smell of your office. It is your case presentations, the pain of your injections as well as the aftershave or cologne you douse on each morning.

Advertising: A small part of your overall Marketing. Advertising is simply your communication with the external world. This includes print, radio, TV, direct mail, public relations and websites.

Marketers tell stories to their customers all the time. When marketers connect with an audience, with a community of listeners, these stories become accepted as true. Even though the story is fabricated, it is real enough to the people listening that it is accepted as truth. This is much like legends were accepted in the past.

Do you really think that a Starbucks coffee

Diseases. Dimensions of Dental Hygiene May 2006.

<http://www.dimensionsofdentalhygiene.com/ddhright.asp?id=823>

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tastes so much better that it is worth three times the cost of a cup at the donut shop? Is an Apple computer really better than the PC? The stories these companies tell their audience make their products grow from a want to a must have.

But it is more complicated than just telling 'a story'. Apple, for example, chooses the audience it wants to tell its story to and then fabricates a story that will ring true in that audience's schema or world-view. It chooses to talk to people who want to be different and artistic. It tells a story on how the Apple computer is not faster, but more reliable and more creative. They do it in a way that their listener can believe and identify with the story being told. When they have done their job right they have the attention of their audience, and in their audience's mind the Apple story becomes real and true.

So what is your dental story? A doc asked me for help with his marketing. He related a story of being a "Cosmetic Dentist" with an office in a Beverly Hills Zip code and too few patients. I found out that he was in a high-rise medical tower in a not so nice area on the outskirts of Beverly Hills. It suffered from gang tagging, urine smells, and scarred elevators. To top it off, his associate saw only welfare patients. (Yes, they shared a waiting room.) No matter what his advertising might say, what marketing story do you think the potential cosmetic patient heard as they made their trek to his office? Was it one of believability? My marketing advice to him was one word ... move.

You may not *advertise* but you do *market*. Every point of contact between your client and your business is telling a marketing story. If you wish to tell a story that will make you the Cosmetic Expert in your community then you need to tell a story that reinforces the beliefs of the audience that would look for cosmetic dental treatment. You are not here to change someone's beliefs; you are here to reinforce them with your story about your service.

If your waiting room is full of toys and kids books and you want a niche cosmetic practice

then your story is flawed. If you have a broken parking lot and chipped paint on the exterior of your building are you really the person who will pay attention to a prospect's dental care?

So, go tell your story. Decide on a community of prospects and learn how they see the world they live in. Then make sure your marketing story, (including your advertising story), fits within that group's world-view. Make your story exciting and fresh; and keep telling it over and over.

In my next article I will give some examples of stories a dental business can tell along with some advertising examples to accompany them.

Curtis Westersund is a graduate of the LVI curriculum. He has a dental practice in Calgary, Alberta, Canada. He creates and sells presentation and marketing materials for dentists. You may contact him through his website at: www.makemesell.ca for more information.



Practice Management Panel - Doctors William Dickerson, Matt Bynum, Joe Blaes, Charles Blair, Roger Levin, Mr. Paul Sletten, and Ms. Sherry Blair. Moderated by Doctor Heidi Dickerson.

IACA STORMS CHICAGO

by dan jenkins, dds

The annual IACA meeting was held in Chicago July 19 – 21 this year. While the IACA Board of Directors had planned on an electric meeting, I don't think they had planned the exciting thunder and lightning storm that came on Wednesday night.

However, the storm was appropriate to get everyone ready for the excitement of the next three days. Even registration was exciting while being easy. Gary Imm of Maryland said he got his money's worth just from the tips he received from fellow attendees while in line during check in! The IACA registration workers were fantastic in the way they efficiently assisted everyone checking in.

Thursday started off with a panel on practice management. The panelists were Doctors William Dickerson, Matt Bynum, Joe Blaes, Charles Blair, Roger Levin, Mr. Paul Sletten, and



Dr. Jay Gerber - IACA Lecture

Ms. Sherry Blair. They were moderated by Doctor Heidi Dickerson . I could not help but ponder while sitting there that any one of these people on the platform could speak for all three days and I would come away with some of the greatest practice management ideas out there. Some of the statements they made were the following:

How to get to the next level?

If I don't like what I am doing; what is it that I would like to be doing?

- Paul Sletten.

You will move to the next level because you are uncomfortable with where you are.

- William Dickerson, DDS

How to lead your team? Step up and take a swing and inspire the people you work with. (Not for!) Tell them what you want and what your goals are.

- Matt Bynum, DDS

Give the team members proper training, then trust them to do it!

- Sherry Blair, CDA

Some other quotes I liked were the following: Mission is your purpose. Vision is where you are going!

- Roger Levin, DDS

Doctors work in their practice, but not always work on their practice.

- Charles Blair, DDS

You will have to purchase the DVD of this panel meeting to get all the other great information that was discussed.

I went to Jay Gerber's meeting on Neuromuscular Functional Orthodontics. Doctor Gerber is a general dentist who has been practicing Neuromuscular Functional Orthodontics since the early 1980's in West Virginia . I had heard that he had a terrific presentation and apparently so did a lot of other

people! It was standing room only. Out of pity for an "experienced" fellow dentist, Prabu Raman offered me his chair. After Jay got started, I found out why everyone else was there too. He is an outstanding, interesting, knowledgeable, down-to-earth speaker presenting an outstanding subject. While it would take too much space, even on the Internet, to list everything that Jay spoke about, there were some interesting statistics that he mentioned. His average patient has been to seven other dentists before seeing him. He also mentioned an AGD study that showed that only 15-17% of dentists in the United States accumulate CE hours above their state's minimum requirements for re-licensure.

Jay feels that patients should undergo functional neuromuscular orthodontics before having reconstruction to ensure a long-lasting, structurally secure foundation. You will have to attend one of his courses to understand more of why he feels this way.

I was jazzed after listening to Jay. Then during the lunch break I heard other attendees also jazzed who listened to Leo Malin, DDS, on his innovative implant techniques. I even observed Leo personally going over a case with an attendee during another break. His implant courses are eye-opening and in his class, even I was able to place an implant and do a sinus lift on my wife in under an hour. She ate fine at dinner that night! Others were excited over Dr. Michael Miyasaki's presentation on Interactive Case Presentations along with Mr. Ulf Broda and Ms. Trish Jones who are laboratory technicians with Aurum Dental Laboratories. They illustrated how the lab-dentist team works together to make miracles happen. Attendees said they could have sat there all day and kept taking notes and asking questions.

Lunch was ... Chicago ! There was Chicago deep-dish pizza, Italian beef, and lots of other great food. How could this be a dental meeting? I thought I had gone to a Food Network convention or something!

I decided in the afternoon to try to poke my head in on several meetings just to be able to



Charles Blair, DDS - IACA Lecture



Occlusion Panel - Doctors Norman Thomas, Jay Gerber, Robert Jankelson, Michael Miyasaki, Sam Kherani, and Randy Bryson. Moderated by Doctor William Dickerson

rub it in to those who did not come to Chicago this year. Roger Levin, DDS was discussing how to overcome objections to cosmetic care – no seats available though. Greg Lutke, DDS was lecturing on working with digital photography and Adobe Photoshop. At least those were the words I heard because there were so many people standing in there and I was not tall enough to verify that he was indeed there. So, again I will have to check my DVD copies! Lou Graham, DDS was demonstrating software and other electron involved technologies that support a paperless practice. Gary Wolford, DDS was explaining why he, as an Oral Maxillofacial Surgeon, believed in a more conservative approach to many typical surgical situations. And it was not that he is afraid of blood! Ashley Johnson, III, JD, was lecturing on the whole team working as a team – and that included the dentist. Joe Blaes, DDS was doing a presentation on electric handpieces. They were not giving any away as gifts though!

After my quick cruise through these classes I went down to the exhibitor's room to write some notes. As I sat there I began to realize that no one else was there. In fact, even some of the exhibitors had left to attend the lectures! Some were "discussing" which person was going to stay and man the corporate booth while the others went to a class. I have NEVER seen this at any other dental meeting I have been to! This held true for the whole three days too. Just amazing!

I then realized if I kept skipping through the classes I would not get the whole picture of any of them for myself. So, being selfish, (since you can buy the DVDs and get the information for yourself!), I decided to stop the class skipping. I had read Charles Blair, DDS' articles for years so I thought it might be good to actually listen to him. A memorable quote from Dr. Blair: "Believe in the fees you charge." He was informative on various procedure codes and statistics of a typical dental practice. You can get that information on DVD also.

While I mention the Friday morning Occlusion panel in my editorial there are some quotes from that panel that I would like to share. This

panel consisted of Doctors Norman Thomas , Jay Gerber, Robert Jankelson, Michael Miyasaki, Sam Kherani, Randy Bryson, and was moderated by Doctor William Dickerson.

Diagnostics, diagnostics, diagnostics. Observe the patient walking in, not just after the bib is on. Let them know you are observing and concerned about more than just their teeth.

- Dr. Norm Thomas

If you have a cosmetic practice you have to have an emphasis on occlusion for your work to last.

- Dr. Bob Jankelson

In regards to informing patients that you are now paying attention to occlusion:

Tell the patients of a change. Tell patients you are learning more. We targeted one patient each day and asked them to return for a comprehensive exam at no additional charge.

- Dr. Randy Bryson

You can do substandard work on your car and sell it; you can do sub-standard work on your house and then sell it; but you cannot sell the work in your mouth!

- Dr. Sam Kherani

After that I attempted to listen to Omer Reed DDS' presentation. There was not even standing room in that one. I lasted about ten minutes standing and getting better acquainted with some of the other attendees than what I felt comfortable with. Then I had to leave before I collapsed and caused a domino situation. Heidi Dickerson , DDS, and Anne-Maree Cole, BDSc, were putting on a class about making your practice stand out above the rest in your area. I had already missed my chance for a seat there too! Dental Lab Technicians Bill Wade and Mike Milne were putting on a communications program between the lab and the dentist while Joe Carrick, DDS was lecturing on the ERA implant for overdenture use. I decided that since I had already wasted too much time hunting for a class with an open seat I would just spend some time with the exhibitors and learn some things from them. It was like I was the most



Nate Booth, DDS - Revs-up the crowd!

popular guy in town down there! While there was ample time to check out a lot of exhibitors during the breaks, it was really comfortable and informative while attendees were in lecture or workshop.

After another fantastic lunch, I headed up to Peter Pang DDS' laser workshop. While I have used diode and Er, YSGG lasers for six years, I know Peter personally. Even though he and I use a different company's lasers I knew he would have more information for me. He did not disappoint me. Hoya ConBio actually gave away a diode laser in the class. I mean, they drew the names of those in attendance and gave away a real diode laser worth thousands! I have never seen that at any other dental meeting. Thank you Hoya ConBio –for the excitement of expectation, not the diode that I failed to win. (I'll bet THAT class is packed next year after everyone reads this.)

The next morning Matt Bynum, DDS gave us a lift for the day of which I can still feel the effects. Man, that guy can really get you going! Matt's challenge to everyone was to "make a commitment to success." To be successful, there has to be change. Fear keeps change from happening. He had everyone write down their fear. Then he had us work on goals. Our goals were to be at one week, one month, six months, and one year. He said we should dream dreams like we did when we were children. As children we did not dream dreams of mediocrity. We did not dream of working in a gas station and eating pot pies for a regular meal. Then we had to share our goals with the person next to us. I learned from a new friend next to me, Clint Ester, that he is taking a cycling trip through Italy this September. (I hope all goes well Clint!) Matt then applied these principles toward our offices and our teams. Matt emphasized in closing to not consider wealth as the only sign of success. He said, "Make a life, not a living!"

The rest of the morning was filled with more classes. Nate Booth, DDS had a very exuberant crowd listening to the contents of his new book entitled *Tiger Traits: 9 Success Secrets all Dental Professionals Can Learn from Tiger Woods*. Nate draws parallels from this to the

dental practice. Michael Silverman, DMD lectured on oral sedation in the office while Kent Johnson, DDS was speaking on creating the ideal practice with low overhead, high profit, and a relaxed schedule.

After yet another great lunch, (My diet doctor chewed me out royally for the weight I gained at IACA this year!), I quickly headed to Brad Durham, DMD's and Ashley Johnson, III, JD's presentation of transforming your dental practice. I had interviewed Brad earlier this year for the IACA Newsletter so, I knew I was in for a treat to see this dynamic duo together. I was not disappointed. Brad and Ashley are really about a plan, a system, to make things work. In Brad's office there is no way any team member does not know what to do and when. He is so organized and so free in giving out the information. This was just a terrific presentation and I look forward to taking Understanding the Niche Practice, a course he teaches.

I attended Jeanne Godett, RDH's lecture to see what the team member programs were like. One surprise was an attendee that uses the diode laser in hygiene treatments admitted that she would take her laser protection goggles off at times when she felt she needed to see better! In this case, attending the IACA meeting is going to save her eyesight. I'd say she got pretty inexpensive preventive medicine.

Saturday night the closing ceremony was exciting yet sad. People could have stayed at the meeting for a lot longer. The new Board of Directors was introduced and the party was going strong. This was a fantastic amazing meeting. Jim Harding, this year's IACA president says, "If you liked the Chicago meeting, you will be blown away by next year's meeting in Orlando , Florida !" The attendance will be limited to 1,000 so, sign up soon. Over 500 signed up for Orlando at the Chicago meeting. You do not want to miss next year. I think I mentioned you can buy DVDs of most of the lectures from Chicago and they are great. However, it is not the same as being there. You will be able to get DVDs of Orlando, but if you are not there the meeting will not be the same for you or us! Come to Orlando.

DIRECTOR'S CUT

by anne-maree cole, bdsc

The IACA as an organization has come of age. Following three successful meetings and an incredible sign-up to Orlando 2008, we feel that continued communication with the membership is vitally important to the feeling that you as a member belong to an organization rather than an annual meeting. To that end, we have developed the Membership Communication Committee. Their role encompasses the Newsletter, the Website and Webinars. Through relevant and timely information, members will be fully informed and educated and develop a true sense of belonging to the IACA.

Dr. Dan Jenkins is the editor of the Newsletter. He has a lot of experience in this area and it could not be in better hands. His ideas are creative and comprehensive and over time you will see the IACA Newsletter evolve into a very credible and anticipated publication. If you have any thoughts or suggestions, please email Dan so that they may receive consideration.

danjenkinsdds@yahoo.com

The IACA Website is undergoing a major overhaul. It is our intention to make the Website the foremost portal of information for the IACA membership. It will be regularly updated as new information comes to hand especially regarding speakers and their topics, general conference information, archive of newsletters, upcoming events, Webinars and testimonials. It will be the primary gateway for members joining the IACA, registering for meetings and Webinars and purchasing merchandise such as educational DVDs. The esteemed Dr. Joe Barton, the IACA inaugural President, is continuing to inject his enthusiasm and experience into the IACA and he is in charge of the Website. All our plans take time to implement but remember to check the website at regular intervals for all the latest information. If you have any suggestions, which you feel may help, please email Joe but remember, we have a long list of ideas, which are still in the process of being implemented.

joeBDMD@bellsouth.net

Our second Webinar is scheduled for September 25, 2007, at 5 pm PDT. The topic is from Exam to Orthotic and Dr. Mike Miyasaki, (who better?), is delivering this very modern form of continuing education. How cool is it that we can all sit in our homes or practices all over the world to hear and learn from one of the most articulate and knowledgeable lecturers throughout the world. The Webinars are free for IACA members and \$95 for non-members, (a great reason to become a member in itself). Please inform your colleagues of these very valuable educational events as they become available. If you have any thoughts for future Webinar topics or lecturers please email myself, Dr. Anne-Maree Cole. ammiec@yahoo.com