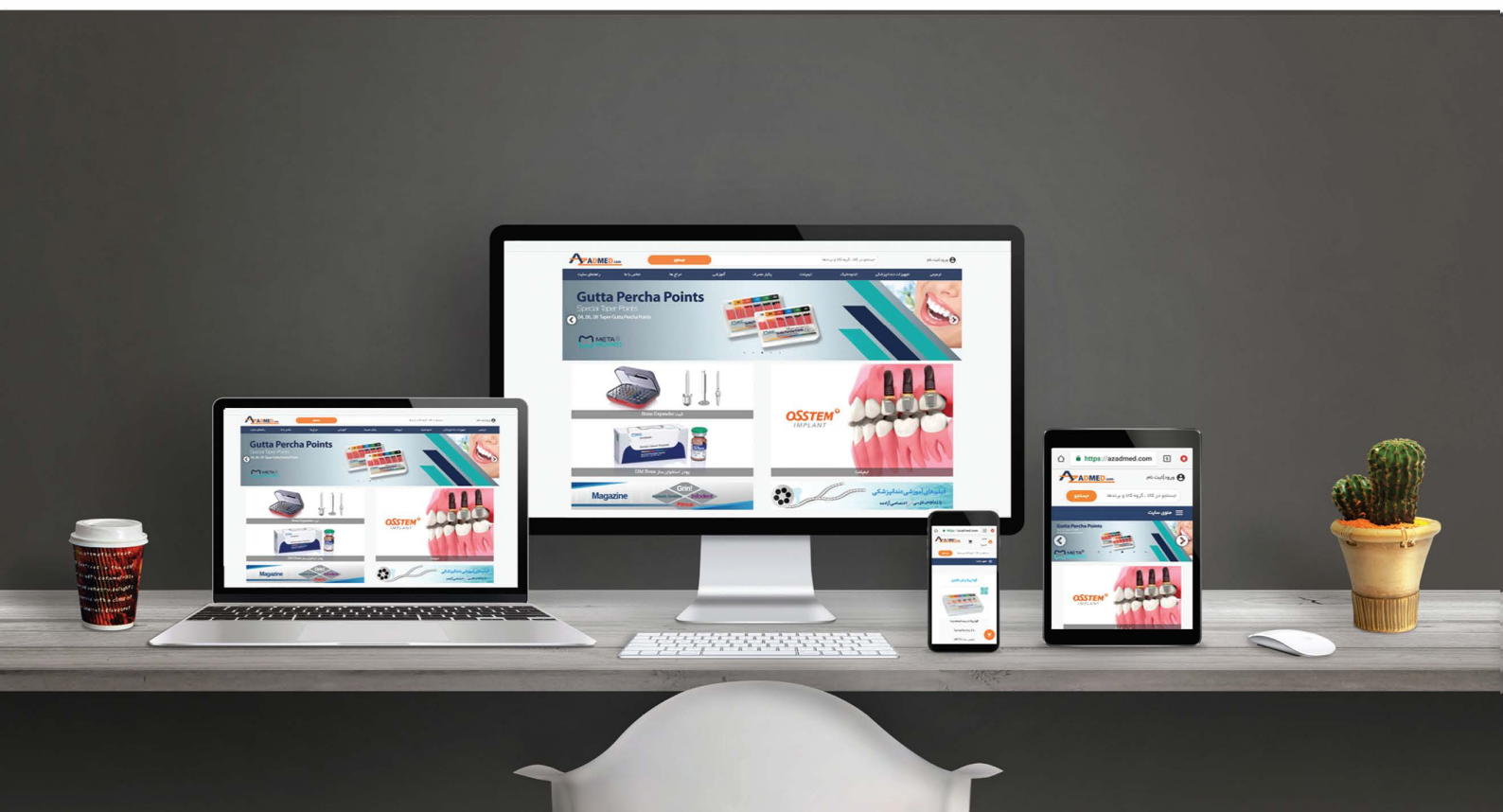




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Focus on Mexico



European Dental Market in Figures



Pricing Strategies



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16

Mexico



38

What it takes to become a price champion

Infodent International 12/2013

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1 // Maestro 3D Open Dental Scanner



Maestro 3D is the scanner for dental applications. The system simplifies and automates the process of planning and production of personalized dental prostheses. **Maestro 3D** dental scanner allows the user to get in a simple and intuitive way, with a precision of 10 microns, the open STL files that will leave the user the free choice of the center of production.

Maestro 3D Easy Dental Scan is the scan control software of the dental scanner.

Maestro 3D Ortho Studio is the software for orthodontics.

- Virtual Setup and Clear Aligner module: it allows to move the teeth of both arches evaluating distances and collisions and automatically build a set of virtual models ready to send to a 3d printer.
- the viewer version: is the software to view and inspect the models exported with Ortho Studio. (It's also available an Apple iPad Viewer).

www.age-solutions.com / www.maestro3d.com / info@age-solutions.com



2 // New Implant LED Motor manufactured by Mariotti



MiniUnikoC.L combines ease of use and practicality with second-to-none performances concerning the torque value, it's endowed with full safety and operating precision with every implant system and it's compatible with handpieces and contra-angles (with or without optic fiber) found on today's market. The device set includes the control-unit with a wide display and a capacitive "touch" keyboard for an immediate use and the brushless motor of the newest generation with high luminosity LED light.

Moreover the set contains the multi-function foot-control, the stainless steel bar, the handpiece support and two irrigation tubes. The maximum Torque is limited to 60Ncm, the peristaltic pump maximum irrigation is 90 ml/min, the control-unit dimension is mm 245x245x100. The Spraying is adjustable through the peristaltic pump until a flow rate of 90 ml/min. The multi-function foot-pedal controls the motor (with variable speed), the reverse, the spraying and it can retrieves the 10 saved user programs.



Machine for guided surgery system

MARIOTTI&C Italy introduces the new milling-machine with guided surgery system. The BRAVO.6 is, at the same time, a complete manual milling-machine/parallelometer for the standard dental laboratory milling but, especially, it's a complete machine for the drilling of the surgical guides. This system works with all the kind of implants thanks to the combination with a 3D software that gives the parameters to set in the 5 dimensions model-table. Available S3D, the 3D software for computer simulation, compatible with all the implant systems designed for guided surgery.

Main specifications: 2000÷30000 rpm micromotor with internal led light, power supply with speed and reverse display, dial gauge 0.01mm for vertical movement reading. The set included the 5D model-table with n.2 digital 0.001 micrometers for linear movements, n.3 rotations with 1° graduation, reference system for sure model positioning (3 rotations and 2 linear movements) and model base mold with fixing system.

www.mariotti-italy.com / info@mariotti-italy.com



3 // Brief introduction of Shenghua Industry



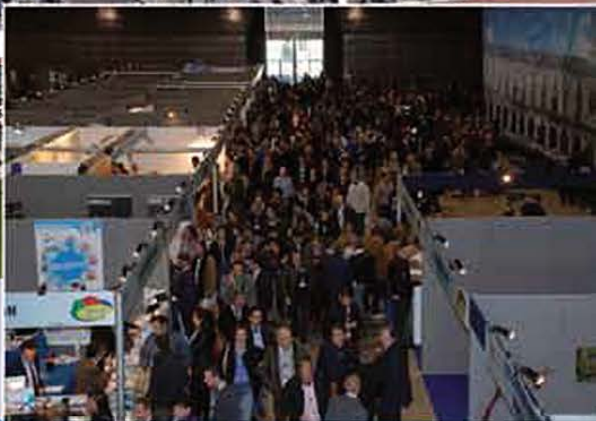
Guangzhou Conghua Shenghua Industry Co. Ltd. (3H Dental) was established in 1997. Specializing in the R&D and manufacture of dental product: curing-light, scaler and glass optic fiber, scaler tip, etc. We are always adhere to the concept of "produce the goods that customers request," innovative continuously for excellence. Provide the customer best products and service. We were accredited by ISO9001 and ISO 13485 quality control system, Medical Device Registration Form and EU CE mark. All products are in high quality but low price and exported

to more than 90 countries worldwide. We owned the high – reputation by users in the world.

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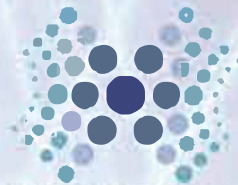
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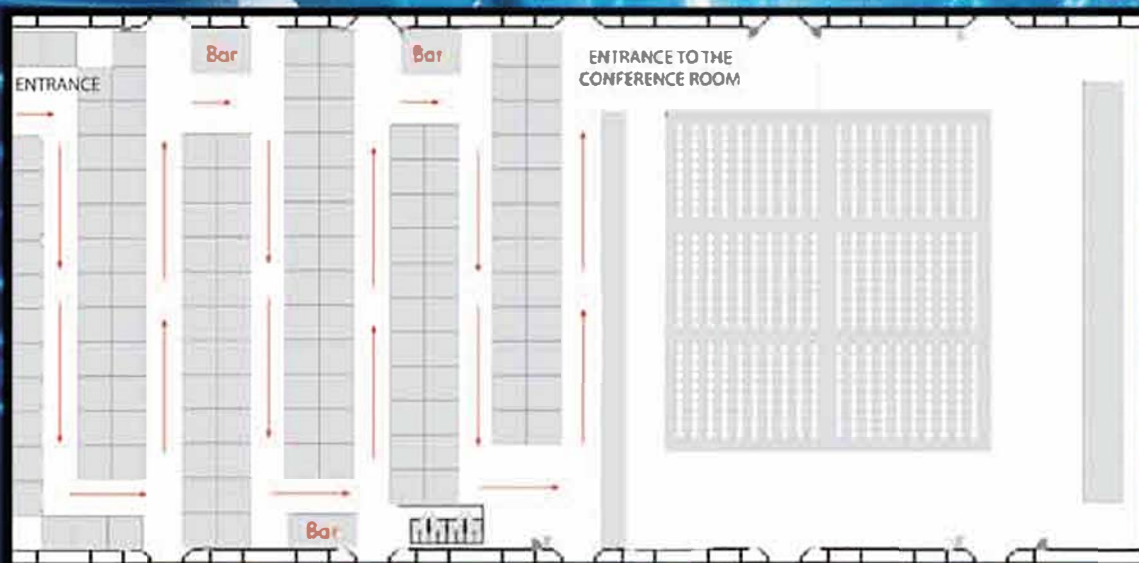
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4 // BRAVIA® XL Turbine



Elegant new styling with titanium body, superior reliability, highly-efficient illumination, reduced noise and weight are just a few of the various features offered by this new special edition of the BRAVIA®L high-speed Turbine. The handpiece incorporate special integral-structure high-precision ceramic ball bearings which, together with the perfectly balanced rotor, makes the turbine

with unmatched high reliability and quietness. Lubrication can be carried out by means of the special recommended LubriONCE® grease lubricator or, normally, by oil dispensers. Once coupled to the GYROFLEX®LED rapid Coupling, the turbine can immediately get advantage of the LED source which allows 25000-LUX daylight quality illumination of the operating area and produces a superior and perfectly uniform light pattern. Turbine's connection is fully compatible with the popular MULTIflex® one. Other types of connection are also available.

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5 // A good friend of your life-Tribest, try do the best!



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6 // BL-S CONDENSERS



Vertical compaction of warm Gutta percha as described in warm vertical obturation techniques and the Buchanan "Continuous Wave" technique relies on precision instruments to achieve the desired 3-dimensional fill. The NEW BL -S Condensers have been designed with these techniques in mind, to effect a dense fill in even complex anatomy. The double ended pluggers feature a .04 taper Nickel Titanium end for condensation in the apical third, with the opposite end being a stainless steel rigid plugger, double the size of the NiTi end for condensation of the backfill. The handle is made with light weight anodized aluminum, and features ergonomic finger rests for condensation. They come in sizes 35/70; 40/80; 50/100, 60/120 and have laser etched depth markings on the NiTi end. An Extremely durable design allow these instruments to maintain their effectiveness through several uses and sterilization cycles.

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7 // G&H® Orthodontics



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IDS	12/16 March 2013	HALL 10.1 STAND G58 / H59



2

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9 // Focusing makes precision and elegance



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10 // Suni's Digital Sensors Offer Low Radiation And Added Robustness



At its ISO-certified facility in San Jose, CA, USA, Suni Medical Imaging manufactures two lines of digital x-ray Sensors—the flagship SuniRay sensor and the Dr. Suni Plus sensor. This award-winning product line has propelled Suni to a leadership position within the digital dental industry. Since its creation in 1995, Suni Medical Imaging has gained a leading position in the digital radiography market, pioneering the development of digital sensor technology for dental clinical applications, and is best known for designing and manufacturing sensors for many of the early leaders in this field. In recent years, however, the company added its own brand of high-quality sensors and intraoral cameras to its product portfolio. Suni says that its corporate culture is built on three basic principles—technological innovations, continuous improvement and exceptional customer service. Headquartered in Silicon Valley, the company's team of design engineers is credited with a number of firsts, including the world's thinnest intraoral sensor and the "best overall value for price" in the sensor marketplace.

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www.suni.com - international@suni.com



11 // Spectra Caries Detection Aid works like Doppler radar to discover caries



New sleek design features a 120 degree button ring for added comfort. Spectra uses fluorescence to detect caries in fissures and smooth surfaces that may go unnoticed in X-ray images. After capturing the image within your existing images software, the extent of decay will be interpolated and indicated in two ways: The color will be appear either blue, red, orange or yellow and a numerical indicator between 0 and 5 will be shown. No other caries detection aid can do this! Impressive, information-rich images enhance case acceptance. Spectra can detect decay hidden between the margins of existing composite and amalgam restorations. The Doppler radar-like images are easily understood and allow you to clearly show your patients how early intervention helps them.



www.airtechniques.com/products/spectra-caries-detection-aid.html

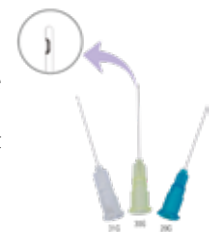
12 // Steri. Irrigation Tips-Side Open Type



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13 // Sabilex Injection System- Metal Free Dentures-Flexible Partial



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14 // G.Comm: join the future in dental lighting!



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15 // EXOMED, extraction of teeth and roots with minimal trauma



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- The extraction of roots is really easier and faster ... **THE MORE YOU KNOW IT, THE MORE YOU USE IT!**

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16 // Opteo Sensor by Owandy



The Opteo sensor is an innovative and functional imaging system that addresses the desires and demands of our clients.

The sensor enables dental professionals to make immediate and safe diagnoses. Thanks to the intelligent A²-S (Automatic Activation System), the number of steps to capture an High Definition image is reduced and its quality is also guaranteed.

The integration of A²-S improves sensor functionality and supports the dental professional in his daily activities.

The Opteo sensor can capture and display high-resolution radiographs in a very short time. As it is no longer necessary to wait for the radiographs to be scanned or developed, the dental professional can focus on his patient and increase his efficiency.

Thanks to the Opteo sensor's ergonomic design, with rounded corners and bevelled edges, making a dental radiograph is no longer uncomfortable for the patient. info@owandy.com - www.owandy.com



17 // TRAUS(LED)-A desire for implant engine



SAESHIN is an expert manufacturer of micromotor handpiece for dental and medical use, with a history going back over 36years. With its good reputation in terms of product safety and excellent quality, SAESHIN has the biggest domestic market share and has been exporting its own brand name to about 120 countries.

Based on its own technology in producing the high performance micromotor, SAESHIN developed the dental micromotor handpiece and implant engine set, "TRAUS" and "X-CUBE" for the first time in Korea and has been spreading its market worldwide. It's works like a dream.



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18 // IDS 2013 FAIR IN COLOGNE



Once again MESTRA attended IDS with three objectives: to meet our international customers from 46 countries; to launch our new products; and to get in touch with reality in the sector: professionals, competitors, trends, innovations, etc. Also, there was the underlying desire of increasing the weight that MESTRA is acquiring year after year in the international map of

manufacturers of products for the Dental Lab.



Amongst the novelties presented by MESTRA we should mention a new trimmer, a good example of the firm's innovative potential; a modern set of vibrators with new functions and features; and a new design of Gel Mixer. Several prototypes were presented as well, and, of course, a wide range of small tools for the Dental Lab. At the end of the show, the management of MESTRA was very satisfied with the outcomes, and very keen on attending the next edition in the spring of 2015.

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19 // X-VIEW 3D



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20 // Vipi Block Multilayers Trilux



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Economy Outlook

Mexico is the **second largest economy in Latin America**, and the 13th largest in the world. After over a decade of macroeconomic stability and an export-led recovery from the peak of the financial crisis in 2009, Mexico is currently enjoying positive **growth rates around 4%** and its attractiveness as investment destination has been increasing constantly especially as the economy of Brazil, the other largest player in Latin America, slowed to around 2% growth in 2012. The demographic trend confirms the perspectives of economic growth as the proportion of not-working age on the working age population decreases.

Some uncertainties on the immediate growth prospects for Mexico arise from its strong ties with the US fluctuating economic situation, as **Mexico still exports 80% of its goods to the United States**. Nevertheless, a long-term even if slower growth is expected as the country's macroeconomic fundamentals including account deficit, public debt management and international reserves are all at healthy levels.

On general terms, **the political environment is also quite stable**, although social issues such as drug-cartel wars, criminality and corruption scandals tied to large monopolies and oligopolies often trouble the picture. President Enrique Peña Nieto won the 2012 election without significant turmoils, and a further step onto the international political stage was the assumption of the 2012 presidency of the G20 that confirmed the country's role as regional and global actor.

Thanks to several factors, including average wage at only 12% more than in competing manufacturing bases such as China and the slowdown of Brazil's economy, the country is being increasingly targeted as a favoured investment destination. In 2012 Mexico's Stock Exchange, the Bolsa Mexicana de Valores, has been the second-best performing stock market in the world. The local currency (peso) remains weak against the dollar and Mexico has 43 free trade agreements with other nations, the highest number in the world.

These conditions attract foreign companies to invest in Mexican manufacturing facilities.



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As the world 7th largest oil producer, Mexico is also potentially attractive for the energy sector, but the national energy industry is state-owned. The new leadership has tried to implement a wide reform to allow private investment, with a special eye on the giant public oil company Pemex, that recently announced deep-water oil discoveries in the Gulf of Mexico. President Nieto is pushing to accelerate the reform that may introduce public-private partnerships as well as pressing on other key issues in transparency and competition legislation, but the path is mined by strong political controversies and uncertainty about the constitutional changes required to allow such developments.

It looks like Mexico is well positioned to attract more and more investment not only in established sector such as automotive (accounting for about a quarter of exports), televisions and other electronic goods, but in the whole manufacturing sector as well. It is also worth noticing that the long history of immigration flows towards the bordering US, that led the number of Mexicans to account for over 30% of US immigrants, is now being inverted. In fact, according to the Pew Research Hispanic Center (<http://www.pewhispanic.org>), after a peak of 770,000 unauthorized annual immigrants about a decade ago the figure began to decrease for the first time in two decades, dropping to 140,000 in 2010. At the same time, 1.4 million Mexicans living in the U.S. returned to Mexico between 2005 and 2010. In 2011, the Center estimated that

some 6.1 million unauthorized Mexican immigrants were living in the U.S., down from nearly 7 million in 2007. Over the same period, authorized immigrants from Mexico rose from 5.6 million in 2007 to 5.8 million in 2011.

The downward trend in migration rates accounts for both the difficult times in US with employment crisis and financial constraints and the attractiveness of Mexican expanding economy.

Despite these positive achievements, however, the picture is not entirely rosy. According to some economists, in 2012 the number of Mexican citizens living below the poverty line reached about 60 million. Despite the implementation of social welfare programs such as the Oportunidades, providing monetary educational grants to children from poor families in urban and rural communities, and the Seguro Popular universal health insurance aimed to provide medical insurance coverage to uninsured people, the spillover effects of Mexico's growth haven't been equally distributed among the population.

Combined with underemployment or precarious job conditions and inflation, this resulted in the highest rates of inequality and poverty among the OECD countries, as stated by the organization itself. It is estimated that almost 47% of Mexico's total population lives in poverty, mainly in urban areas.

These figures highlight the great priority of strengthening the **resources to lift social disadvantaged groups' conditions** so that they can participate and actively contribute to the country's growth. According to the World Bank, the Oportunidades program is an example of attacking poverty in both the short and long terms. The original beneficiaries were rural villagers, but by 2002 the program had already been extended to small urban centers and city inhabitants.

A crucial element is the careful selection process and the cash payment of benefits directly to female household heads, who are considered as more responsible in spending the additional funds on the family. The continuity of benefits isn't tied to income or family size change, but rather to complying with the program's conditions.

As additional benefit, a fund for school-aged children from the third to the twelfth grade is provided if they attend at least 85% and passes each grade by the second try. Moreover, families receive 13% more funds if they keep a girl in middle and high school, since traditionally fewer girls than boys are allowed to remain in school beyond elementary grades. Education benefits also grow with grades.

The evaluation of a decade of implementation showed that the program also brought significant improvement in health conditions, as evidence indicates that families use about 70% of their payments on improved diets and also invest in farm animals and cleaning supplies. Moreover, mandatory health checks not only work for the early detection of problems early but they also raise awareness about healthy lifestyle and habits.

Healthcare

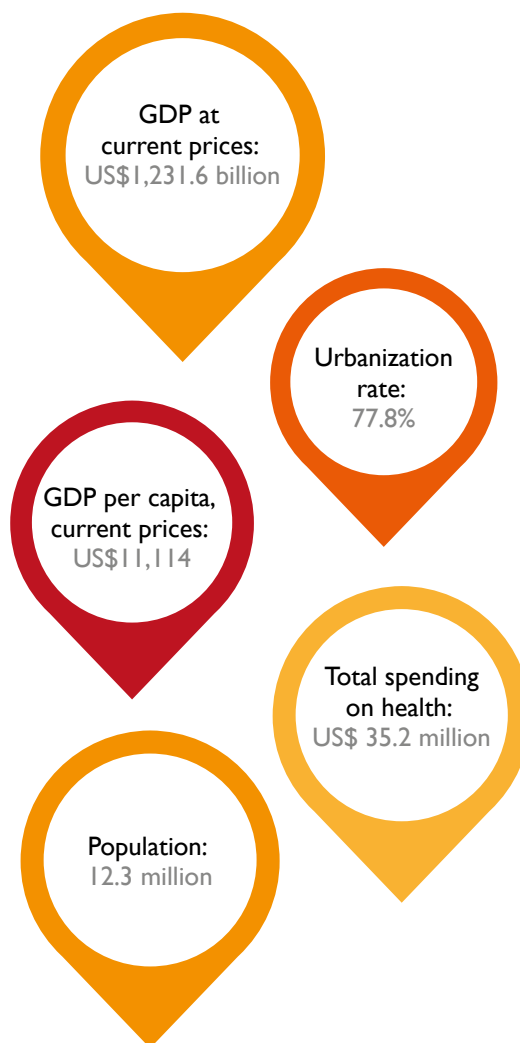
According to OECD data, health spending in Mexico is among the lowest at 6.9%, three percentage points below the OECD average of 9.5%. Per capita health spending in 2010 was US\$916 (adjusted for purchasing power parity), compared with an OECD average of US\$3,268. Despite the growth in public expenditure by average 4% a year in the last decade, the share of public funds for the total health spending in Mexico remains as low as 47.3%, compared to an OECD average of 72.2%.

It is important to notice that the number of doctors per capita has doubled over the past two decades, from 1 every 1000 population in 1990 to 2 in 2010, but the doctor per inhabitants ratio remained once again far below the OECD average of 3.1 in 2010. The same happens for nurses, whose ratio was 2.5 per 1,000 population in 2010, against the OECD average at 8.7, and hospital beds that were at half the OECD average figure (1.6 beds per 1,000 population against 3.4).

While the availability of diagnostic equipment has risen in most OECD countries, it has remained at 2.0 per million population in 2010 for MRI, compared to the OECD average of 12.5. CT scanners followed the same trend at 4.8 per million population in 2010, with OECD average at 22.6.

These figures provide evidence that the Mexican public health system too often lacks adequate equipment and resources, although the private sector, providing care for about 3 million Mexicans, is well organized and equipped. Private hospitals in main urban areas offer advanced tertiary care and services. About 25% of patients with Social

General figures



Security benefits or having no coverage pay out of pocket for private care. In smaller cities are common private hospitals or clinics owned by local physicians.

About half of Mexican population is covered by a public insurance scheme called Seguro Popular, providing coverage for individuals that are not affiliated to any social security institutions. Members of households covered by the Seguro Popular can access medical, surgical, pharmaceutical and hospital services for a total list of 275 medical operations. The public insurance scheme was launched in 2003 by the Mexican government with the aim to remove great inequalities in access to health services guarantee that all citizens, even in the poorest income groups, may receive adequate healthcare. Since 2004, over 52 million Mexicans, who previously lacked any other insurance, enrolled in the scheme, which was a big improvement since before the reform, medical insurance was available only through employment-based or private schemes. Despite the milestone achieved by the program, some critics to the Seguro Popular include the poor quality of services often offered in rural areas and lack of coverage for relevant long-term diseases.

Another issue is the low salary of Mexican doctors, that lies at about one-quarter of their US counterparts. This requires many doctors and health professionals to work both for the public and private system, affecting the quality of their service due to the excessive workload.

Although in the last few years about 1,200 new hospitals and clinics were built and another 2,500 were renewed, there is still much to be done in providing a sufficient number of facilities in rural and more isolated areas. Moreover, still about 36 million Mexicans have poor access to medicines and quality health services. The low public spending and the concurrent needs to keep public finances under control to maintain the macroeconomic stability lead many to indicate public-private partnerships as a model for pouring more resources into the country's health system, at the same time improving practices and standards and eliminating wastes, making healthcare affordable to more people while at the same time increasing the quality of services.

Mexico in figures - Healthcare

Fast facts: Health resources

- Percentage of public facilities: 86.8%
- Percentage of private facilities: 13.2%
- Public medical units increased by average: 8.2% between 2000-2007, from 19,099 to 20,664. Hospitals grew by 17.3%, outpatient units by 7.7%.
- Private medical units increased by average 6.1% between 2001-2007.
- The number of beds increased by 6.3% in the public sector and 11.2% in the private sector.
- The number of public medical offices grew by 11.6% from 51,384 to 57,338.

Fast facts: Health workforce

- 70.2% of doctors work for the public sector, 29.8% in private facilities. 84.2% of nurses work for the public system as well.
- Public medical workforce grew by 27.7% between 2000-2007, with total 30,054 doctors added and growth concentrated in 2004-2005.
- Private doctors grew by 59.8% between 2001-2007, with total 24,239 doctors added.
- Public nursing workforce grew by 9.6% while private nurses grew by 25.4%.

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Figures for the dental sector

A speaker from the local branch of Ivoclar Vivadent recently estimated that about 117,000 dentists and 43,000 dental technicians operate in Mexico. Moreover, about 40% of practices are private. High quality private dental clinics, staffed with skilled dental professionals that often received education or training in the US, are determining also an increasing flow of dental tourism, as cost of treatments may be even half than in the USA.

Dental treatment accounts for about 6% of personal income, but the majority of patients seeks dental care only for emergency cases, while prevention and oral health education is still low.

The dental sector also lacks incentives, as a reported 5% of new graduates is able to set up its dental practice within the first 5 years of work.

From a geographical perspective, Mexico City is by far the largest regional market for dental equipment and supplies, estimated to account alone for about half of the total market value. According to AMIC, the Association of Mexican Dental Industry and Commerce, local production only meets around 20% of the demand, with some 40 manufacturers producing latex gloves, amalgams and oral hygiene products in the areas of Baja California and Jalisco, while the remaining share of products, especially equipment and instruments, is imported mainly from China, Malaysia, Pakistan, Brazil and USA.

The Association values the total market for dental products at about US\$1 billion and grew by annual average 10% over the last three years.

From 15 to 19 May 2013, the 59th ExpoDental AMIC will provide the trade show platform for all companies interested in exploring the Mexican market.

For further information: www.amicdental.com.mx

Availability of medical equipment

Equipment	Ratio per 1 mn population, non insured	Ratio per 1 mn population, total	Ratio per 1 mn population, insured
Tomographs	2.3	1.6	3
Radiotherapy equipment	0.5	0.6	0.5
Mammography units	3.7	2.9	4.7
Surgical microscopes	6.3	4.3	8.7
Ultrasound devices	17.3	12.3	23.2
X-ray devices (including mobile)	28.1	17.4	41
Dental units	56.8	72	38.6
Dental x-ray equipment	28.6	37.6	17.8
Electrocardiographs	39.8	33.4	47.5
Electroencephalographs	2.4	1.3	3.7
Ecocardiographs	1.4	1.1	1.7
Endoscopes	2	2.6	1.4
Equipment for hemodialysis	15.4	3.7	29.4

Source: <http://www.sinais.salud.gob.mx>



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The European Dental Market in figures

Data Sources: FIDE, Rebmann Research, Idata Research, Candesic Research
Year: 2011



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Market volume/size

Average percentage for dental treatments in oral health expenditure
 Total sales of dental market, without software
 Market for instruments, hygiene and oral care equipment and disposables
 Market for teeth whitening products
 Sales of consumables
 Total number of metal implants
 Number of installed dental x-ray equipment per 1,000 inhabitants

5.9%
 6.19 bn
 320 mn
 40 mn
 3.14 bn
 0.02 bn
 0.07

Workforce

Number of practicing dentists	268,282
Number of dental offices	163,546
Number of dental technicians	147,121
Number of dental hygienists	24,477
Number of dental laboratories	46,372

Oral health resources

Share of dental expenditure on total health expenditure by country:

Belgium	2.2%
Netherlands	4.1%
Denmark	4.3%
France	4.5%
Austria	5%
Spain	5%
UK	6%
Switzerland	6.2%
Italy	6.5%
Germany	7.6%

Dental care utilization

Number of dental visits per dentist, by country:

Denmark	1,142
Italy	1,495
UK	1,662
Germany	1,825
Austria	2,222
Switzerland	2,305
France	2,533
Belgium	2,581
Spain	2,837
Netherlands	3,837

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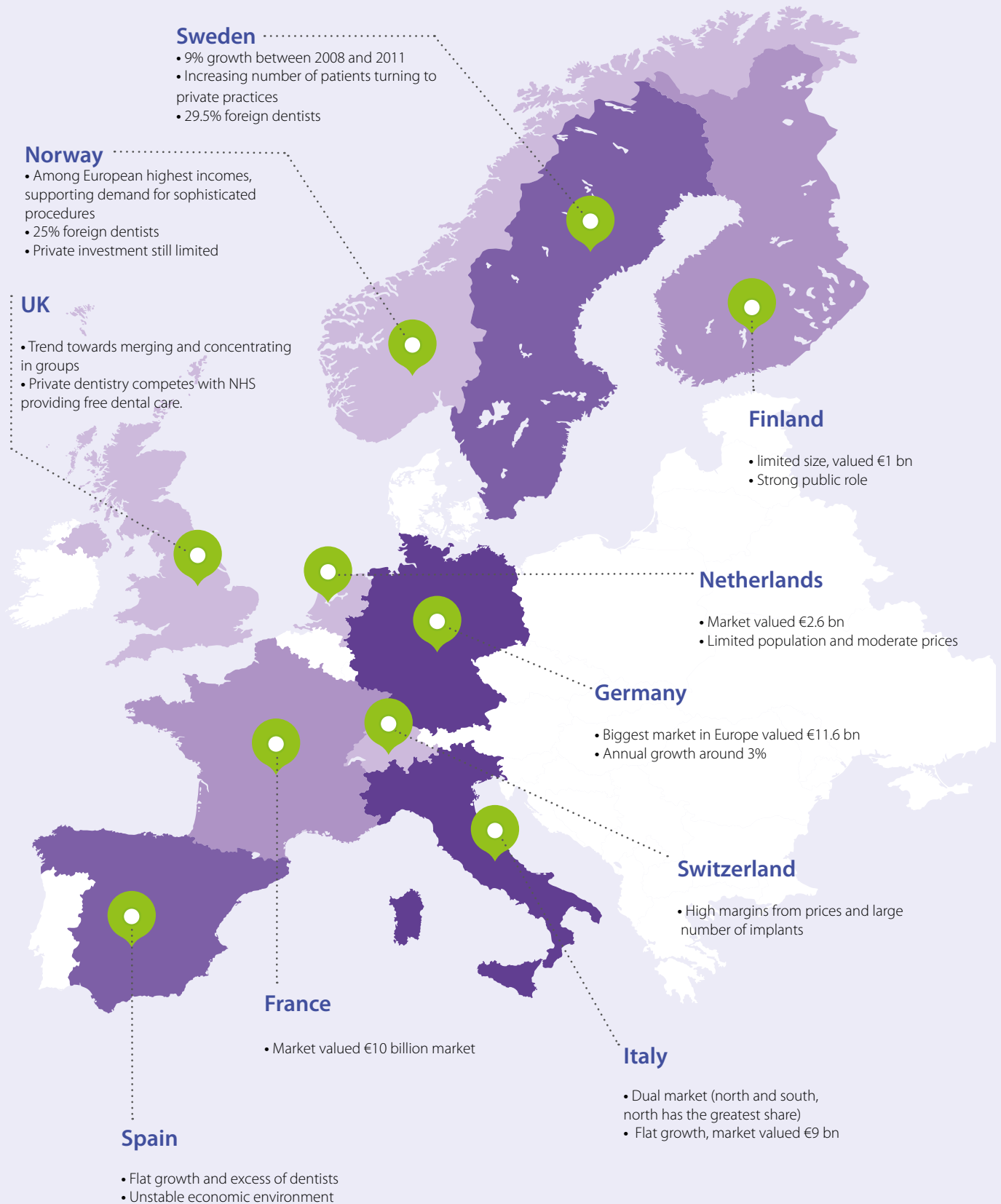
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Quick facts about relevant European markets

(source: Gap in the market, Candesic analysis on Healthinvestor June 2012)

Shortage of dentists likely to attract new practitioners



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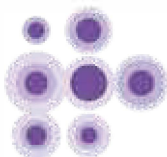


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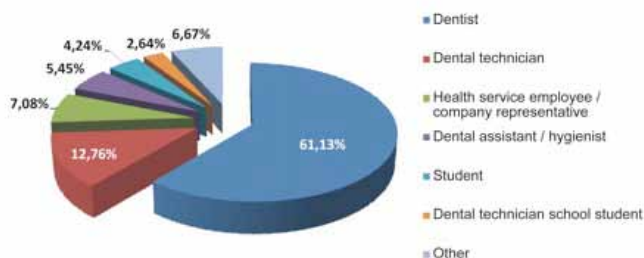
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It would be appropriate to highlight some Congresses and Conventions that the MDA has successfully undertaken and prevailed:

1. **The Asia Pacific Dental Congress in 1979: Attendance** -1,000 participants
2. **The Inaugural Meeting of the Commonwealth Dental Association in April 1990 Attendance** -1,500 participants
3. **16th Asia Pacific Dental Congress in April 1993 Attendance** -2,500 participants
4. **Joint MDA-Commonwealth Dental Association Scientific Congress in June 1996 Attendance** -2,000 participants
5. **The 89th FDI World Dental Congress in September 2001 Attendance** -15,000 participants -the largest congress to date
6. **The 27th Asia Pacific Dental Congress in April 2005 Attendance** -2,500 participants

The MDA has consistently organized International Conferences along with the Annual General Meetings, which have garnered between 1,000 to 2,000 delegates annually.

With the increase in the number of local dental schools to eleven (11), and more in the pipeline, coupled with the profound increase in dentists locally, regionally and globally, the Organizing Committee of the 35th APDC is confident of meeting a realistic target of about 6,000 participants (or more). This prestigious Congress will be modeled on the most successful of scientific extravaganzas -the FDI World Dental Congress held in September 2001 in Kuala Lumpur. Impressive benchmarks and targets have been established by the MDA -and realized.

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CONGRESS & SEMINAR

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By Klaus Hilleke, Georg Tacke and Robert Dumitrescu

"When it comes to the prices we pay, we study them, we map them, we work on them. But with the prices we charge, we are too sloppy!" complained the CEO of General Electric, Jeffrey Immelt, in 2006.

Simon-Kucher & Partners put an end to the insecurity and shed light on pricing know-how and profit culture across countries and industries. We asked over 3,900 high-level decision makers from all major service and manufacturing industries around the world **how they set their prices**. Almost half of the respondents from Europe, the US and Asia are from companies with more than one billion euros in sales; C-level executives account for one-third of the respondents. From the U.S. alone we had 643 respondents. The main findings in a nutshell: **Not everyone gets what they deserve. And weak pricing cuts profits by 25 percent.** As pricing specialists we know that pricing is the most important profit driver: But how much do managers actually know? Do they get the money for the value they deliver? What are the differences between the United States, Asia, and Europe? How do industries such as logistics and telecommunications differ from pharmaceuticals, biotech/medtech companies? In cooperation with PPS and the IE Business School in Spain we conducted the largest pricing study ever with remarkable results. One thing has not changed since 2006: Some companies are still sloppy. But there are also those who have done their homework and become excellent pricers. Some countries and several industries outperform others and offer best practice examples. The key question is: **How do you become a price champion?**

In this article, we will present the findings of the Global Pricing Study 2011 and then outline the most important lessons for managers. The three main areas at a glance are:

1. Pricing power is still untapped

- 65 percent of the companies are not able to charge the prices they deserve.
- Only 35 percent of the companies have sufficient pricing power to achieve the "right" price for their products/services.
- Low pricing power is costly. It cuts profits by 25 percent.
- Brand and product value are the primary drivers of high pricing power.

2. Price wars continue

- 46 percent of companies think they're in a price war.
- The extent of price wars differs greatly by country and industry; the Japanese market has by far the highest level (84 percent), followed by Italy (69 percent) and Spain (65 percent).
- 83 percent of companies in a price war blame competitors for starting it.

3. The inflation threat is underestimated

- Companies get only half of what they expect when they try to raise prices
- Only about one-third of the companies is able to achieve at least 75 percent of the originally planned price increase.
- Telecommunications (25 percent) and life sciences (29 percent) have the weakest performance when it comes to implementing price increases.
- 68 percent of the companies plan to increase prices below or in line with inflation; given the poor price implementation performance, this will not be enough.

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Pricing power untapped

Pricing power is the ability of a company to get the market prices it deserves for the value it delivers to its customers. Those companies can charge a premium even in a commoditized or competitive market. In other words, pricing power is a key capability and essential to protect profits. In turbulent times like these and given the generally poor price performance, many companies can't afford to lose even a few percentage points of profit. Only one-third of the study respondents has sufficient pricing power and knows how to turn value into money. The remaining 65 percent of companies admit to having only very little or no pricing power, which is why it's clear from the beginning that the target price cannot be achieved. This weak performance is costly because it cuts profits by one-quarter.

Industries and countries vary considerably in this regard. Chemicals (14 percent) and transport & logistics (19 percent) have the lowest pricing power. Pharmaceuticals, biotech/medtech (53 percent), construction (49 percent) and consumer goods (47 percent) are ranked best. That pharmaceutical companies outperform the others doesn't come as a surprise. It's in the genes of pharma players to exploit the potential of products to the maximum extent. Already at the R&D stage are they beginning to think about the pricing and market access strategy for their new product – often seven to ten years before the drug reaches the market. This contrasts strongly from the transport and logistics industries where, for example, companies are trying to fully utilize their logistics network, only to find themselves in fierce competition and price wars. In the end they often give away their services close to marginal costs. Pharmaceutical companies have patent protection, they avoid price wars and aim to maximize profits rather than market share – these are simple things. **But being in a particular sector does not mean you are fixed to a level of profitability.** In all industries there are large groups of companies with high pricing power. It is up to other companies to become price champions and gain entry to these groups. How do the countries perform? Battered markets such as Italy and Spain are the weakest countries when it comes to pricing power. Companies in Poland (44 percent), the US (43 percent) and France (40 percent) are ranked best. They more often achieve market prices that are in line with the value they offer.

What distinguishes the power pricers from the low performers? The primary drivers for high pricing power are customer value and brand. Every company has the ability to achieve high pricing power: **If a company can offer its customers real value and communicate that through a top brand, this will translate into money.** Unfortunately, in many cases managers deceive themselves and excuse the weak performance of their company by blaming others: 71 percent of the study respondents point the finger at tough competition as the source of their monetization woes. 36 percent of the managers place the blame on customers and state that their customers are very consolidated and have tremendous negotiation power. But oftentimes the company's own product assortment is guilty: "We sell a commodity product."

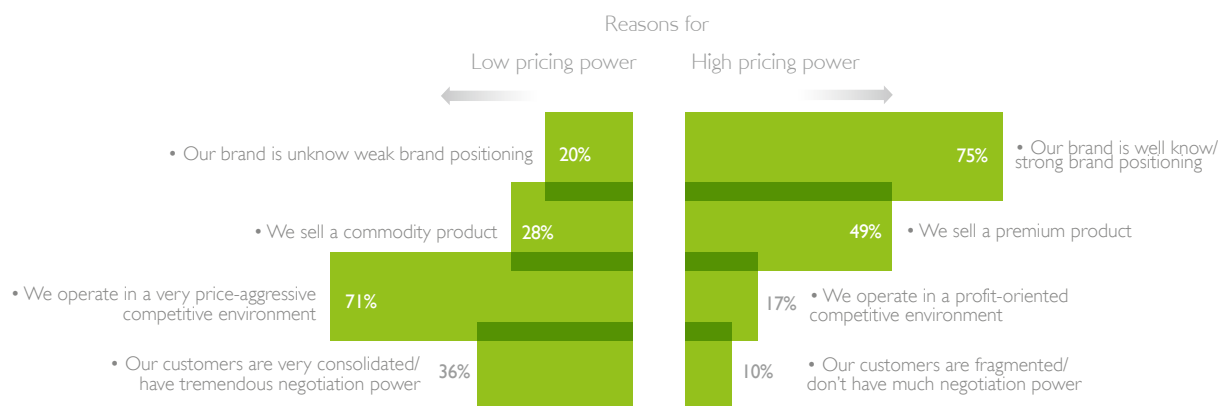
What distinguishes the power pricers from the low performers?

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These are all excuses that avoid getting to the bottom of the problem. **Poor pricing performance is not a question of fate;** it is largely up to each company to decide whether it follows the road toward becoming a pricing champion and achieving higher profits than its peers or the road toward price wars with ruined price levels. **Our detailed analysis of almost 4,000 companies reveals that there are no structural reasons for the major monetization weaknesses.** We identified three fundamental causes that make the difference: Insufficient monitoring, a lack of pricing know-how and poor strategies. The results prove that power pricers do their basic pricing homework and have a different mindset.

46% of managers consider their company to be in a price war, and 83% of those blame competitors for starting it

Companies with low pricing power primarily blame others (aggressive competitors, customers), even though value and brand lies in their own hands.



Source: Simon-Kucher & Partners Global Pricing Studies 2011

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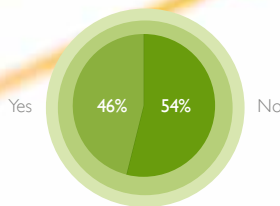
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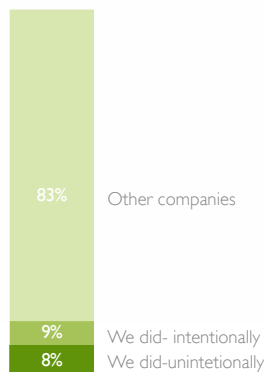
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Is your company currently engaged in a price war?



Who started the price war?



- Industries with a disproportionately large share of price wars: construction, energy/utilities, chemicals, industrial goods, automotive
- Japan is the country with the most ongoing price wars (84%)

Source: Simon-Kucher & Partners Global Pricing Studies 2011

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They simply avoid the biggest mistake: focusing strictly on market shares and volume. The key piece of advice we therefore give to our clients is to start with strategic goals and assess the right price strategy. You have to ensure you are clearly focused on profit instead of volume or market share. By redirecting the whole organization towards pricing power and making it one of the top KPIs, successful companies achieve higher profits and perform better in many aspects. The fate of those who mainly focus on volume and market share is illustrated by the study results, too. They get tied up in price wars.

Market share obsession leads to price wars

46 percent of companies state that they are engaged in price wars. The vast majority of managers from those companies (83 percent) blame their competitors for triggering them - although statistically this is almost impossible.

Leading the country comparison with 84 percent, Japan is by far the most militant market, followed by Italy (69 percent) and Spain (65 percent). Japan is not a big surprise. Almost by tradition, Japanese managers mainly focus on volume and market share. The result is fatal: Industrial enterprises in Japan have by far the lowest returns. Industries with a disproportionately large share of price wars are construction, energy & utilities, chemicals, industrial goods and automotive. **Managers from the pharmaceutical, biotech and medical technology industries are smarter and engage less in price wars (only 36 percent).**

In general, we observe that price wars are sparked by an unhealthy obsession with market share and volumes. The majority of respondents in our study describe their industry as volume oriented. One respondent pointed out: "If you ask your people to strive for volume, you should not be too surprised when you end up in a price war." The effect of price wars on profits is disastrous for all sides. There are no winners—

except the customer. **That's why our key piece of advice to clients is to avoid price wars if at all possible.** Managers should strive for profit, not for market share.

The underestimated inflation threat

So far, pricing has been neglected by many companies. With inflation around the corner, they will pay the price: The survey findings reveal that the vast majority of companies are able to achieve only half of their targeted price increases. That means you only get 53 percent in the end, although you wanted 100 percent. This is why managers urgently need to set higher targets right from the beginning. **Only 36 percent achieve at least three-quarters of their originally planned price increase.**

Lacking experience, managers use the inflation rate as a benchmark for price increase targets. 68 percent of managers plan to increase prices below or in line with inflation rates. Using the inflation rate as a benchmark is fatal for those who are weak in price implementation. This won't be enough. They'll probably end up paying the difference. To cope with the inflation risk, pricing know-how distinguishes the smart companies from the low performers. They improve their price implementation performance and set high targets for price increases which take that performance into account.

How to plan and increase prices systematically

Although price increases are essential for survival in inflation periods, we have observed that most managers are insecure about how to plan and implement price increases. There are a few steps though that can help managers. First and foremost, you need a consistent and systematic process for pricing. For every single activity companies have

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A dark background featuring a world map composed of small dots. In the center, there is a graphic of a dental arch with seven colored dots (orange, yellow, white) above the text "SIDEX 2013".

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detailed processes with descriptions and explanations, but when it comes to price increases many don't exactly know what to do. We have developed such a process. **Start with the price increase targets, select the right instruments, prepare the price increase and, finally, execute it.** The entire process must be supported by systems tools and data; as always, you have to monitor the result. That may sound like a no-brainer. But many companies have no clue about the real net effect of a price increase. Why? Because price increases are often accompanied by "goodies", discounts, give-aways, customer-friendly payment terms, etc. Many fail to factor in the effect of these customer-friendly measures.

The pricing process involves several detailed steps and activities. Selected aspects – strategy and leadership, price instruments, and surcharges – are described below.

Strategy and leadership

Disproportionally small price increases do not work. We have seen and analyzed this more than a dozen times. **Companies often think they are extremely smart to pursue the following strategy:** They make smaller price increases than needed or than the competition is applying, then combine that with higher advertising spending, and hope for higher profits through high volume in shares. This strategy does not work out in reality. We have yet to see a single case in which this really led to success. Companies should not settle for lower prices; they must fight for the necessary increases. At the end of the day, volume and market share will not save you.

When it comes to price implementation, companies must know what their execution success rate is and set their price increase targets accordingly. It may sound easy to set price increase targets. The CEO calculates the cost increases, and that's what the sales team has to implement. In many cases it is really done that way. **But what is often forgotten is the price implementation or price execution success rate.** As companies achieve on average only half of their planned price increase, managers need to develop specific price increase targets by product, category, segment etc.

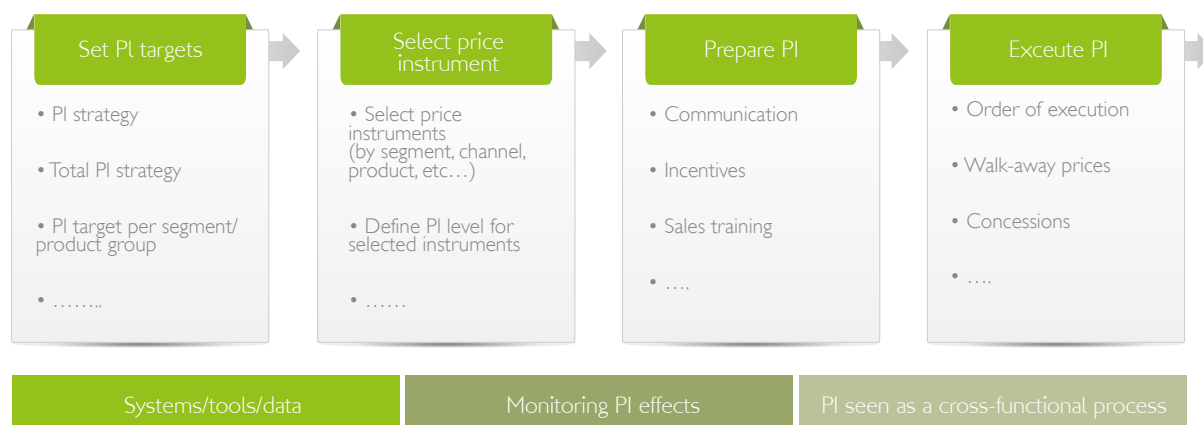
Price instruments

Besides the classical list price increase, there are tens or perhaps even hundreds of price instruments available. The key is to go through the list of possible instruments, analyze which one fits your specific situation the best and then make a conscious decision as to which instruments to take – be it discounts, shorter payment terms, smaller package sizes and so on. Let's take a look at a package-size portfolio. The price of a one-liter bottle is known by many. Almost nobody overestimates it. Customers have a much lower price awareness of the small pack and more importantly, 50 percent overestimate the price. The solution is clear: Don't touch the one liter pack and apply a disproportionately high increase for the small pack. This is a general message that applies to B2B as well as B2C companies: **Different price increases by product/customer groups based on the level of price elasticity.**

Companies should not settle for lower prices; they must fight for the necessary increases. At the end of the day, volume and market share will not save you.

Introducing a surcharge is another alternative. Many airlines have already gone too far with that instrument, but in other industries there is still a lot of potential. **Why do surcharges make sense?** Because the surcharge elasticity was and continues to be significantly lower than the elasticity of the base price. We don't suggest introducing surcharges across the board and blindly. The idea is to think broader, to be creative, and find price elements with high acceptance and low elasticity.

Price increases - a systematic process



Preparation and communication is key

Companies often ask us whether they should be the first ones to make a price move. If a company is or wants to be the leader of an industry, then it must make the first move and set the anchor price. **Studies, scientists and Nobel Prize winners have revealed that nothing is more influential in determining the outcome as setting the initial price or, if you will, the anchor price.** As you can't be sure that your competition is doing the right thing, make sure that you are the first one to set and communicate the anchor. Many but still too few companies are doing that. When you knock at your client's door and ask for higher prices, the clients are already informed, they already know about the price change, and the bad news has already been communicated.

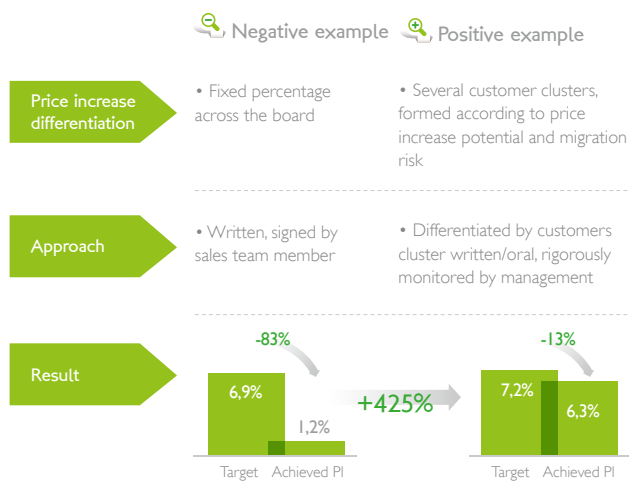
Studies, scientists and Nobel Prize winners have revealed that nothing is more influential in determining the outcome as setting the initial price or, if you will, the anchor price.

Execution and implementation

Price implementation is the job of sales. But it is also true that very often sales is struggling with this task. Either they only manage to implement a small part of the planned price increase or they give away goodies and discounts in exchange for the price increase; the bottom line is that nothing has been achieved. **What can be done to improve the price implementation?** We have had fantastic experience with simple on-top incentives — on top money that is only granted if certain price implementation targets have been achieved or overachieved. Let's take a concrete example. A sales rep had a revenue base of one million. He managed to raise the price by five percent, which was two percent points more than the minimum price increase target, in this case three percent. Two percent points means 20,000. Out of this 20,000 he got 25%, which is 5,000. The remaining part went to the company. The payout was on a quarterly basis, and only after the clients had paid their bills with the increased price levels. There was no negative cash effect for the company, no need for budgeting anything. That's a real win-win situation. We applied it in a test group and this group achieved a 36 percent better price execution rate than the control group which did not receive any on-top incentive. In the meantime, we have implemented this type of incentives all over the world. It works everywhere. Some details have to be adjusted, but the principle is identical.

After having gone through the different steps of the process, we would like to underline once more that **this systematic approach not only pays off, but also is a must to achieve good results.** Look at these two real case examples below. Both of them are in B2B business, the same industry, one followed the systematic process, the other announced the price increase and just scraped by. We have seen all detailed data of both companies, so we know that both were striving for a similar price increase: around seven percent. At the end of the day one achieved 1.2 percent, the other one 6.3. That is a plus of 425 percent. That clearly proves the success of a systematic approach.

Systematic preparation pays off



Recommendations and lessons learned

The study results reveal the formula for success: The better the pricing know-how, the higher the pricing power, and the higher the profits. Remember: At least 25 percent higher profits are proof enough. The five key recommendations are:

1. Redirect your price strategy to achieve higher profits, rather than volume or market share. Introduce pricing power as a new KPI.
2. Pay particular attention to the pricing of new products and services.
3. Improve pricing expertise in sales, marketing and management.
4. Consider pricing implications already when developing new products
5. Make your company inflation-safe by improving your price implementation and setting high price increase targets.

About the authors:

Dr. Klaus Hilleke is along with **Dr. Georg Tacke** CEO of Simon-Kucher & Partners Strategy & Marketing Consultants. Hilleke also heads the company's global life science division. Robert Dumitrescu is Director in Simon-Kucher's life science division. The Global Pricing Study 2011 from Simon-Kucher & Partners surveyed over 3,900 high-level decision makers from companies in all major service and manufacturing industries across Europe, the US and Asia. The research reveals profit orientation, pricing power, inflation and profit outlook. Almost half of the respondents are from companies with more than one billion euros in sales; C-level executives account for one-third of the respondents. The study was conducted in collaboration with the Professional Pricing Society (USA) and the IE Business School (Spain).

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Signed a memorandum of understanding between Pierrel Pharma Srl, a subsidiary of Pierrel Spa, and Smile Srl, a subsidiary of Erpogen Spa.

Milan, February 12th, 2013 – Pierrel S.p.A. announces that its subsidiary Pierrel Pharma Srl has signed an agreement with Smile Srl, a subsidiary of Eporgen SpA active in the field of diagnosis, prevention and treatment of dental diseases. A non-binding memorandum of understanding (MoU) defines the main terms and conditions of a future agreement for the development, manufacturing and worldwide marketing of a diagnostic kit based on Smile intellectual property for the real-time identification and diagnosis of dental caries.

The development of this project provides an innovative diagnostic tool that helps the dentist during his work and at the same time brings the patients to a simplified monitoring of the health of their teeth.

"The MoU signed today -says Dr. Raffaele Petrone, CEO of Pierrel SpA -is part of the strategy for growth of the Pierrel Group in the dental industry, as a provider of innovative products for oral care and is complementary to our dental anesthetic Orabloc™, successfully marketed in the USA, Canada, Russia, Italy and is expected to be marketed in the rest of Europe by the end of this semester"

In particular, Pierrel Pharma S.r.l. and Smile S.r.l. propose to develop a specific biomarker for the diagnosis and follow up of dental caries through the quantification of the protein CD14 contained in human saliva, as a rapid test for the diagnosis of dental caries. The MoU defines the principles behind the development and subsequent commercialization of the diagnostic kit.

"We are very pleased to have reached an agreement with the company Smile Srl -says Fabio Velotti, Sole Director of Pierrel Pharma Srl -the highly innovative device that we propose to develop will be made available to dental practices around the world and will be based on a simple and quick analysis of the saliva of subjects who undergo a routine dental visit and consequently offers many potential advantages compared to current practice"

A clinical study conducted by the founders of Smile Srl, based on the analysis of the saliva of 40 children (20 with caries and 20 without caries) showed the presence of CD14 protein in the saliva taken from each of the 20 children without caries and the absence of this protein in all 20 children suffering from more than one caries. This study also showed that, a few weeks after undergoing dental care, for 10 of the 20 children, previously affected by caries, CD14 protein was again present in the saliva of children treated. The results seem to indicate that the absence of protein CD14 in saliva may represent an index useful for the detection of caries.

"The agreement with Pierrel Pharma Srl accelerates significantly the development and registration of our technology," said Luciana Orlando, CEO of Smile Srl, who added: "In addition, the specific know-how of Pierrel Pharma Srl of the dental industry has important advantages for the successful commercialization of the diagnostic kit throughout the world."

Dental caries

Dental caries is the most common chronic disease in the world and oral health is an integral part of health and the general welfare of the

population, indispensable prerequisite for a good quality of life. Of this awareness is the witness World Oral Health Report, in which the World Health Organization illustrates its approach to improving oral health conditions. The report notes that, despite the improvements in oral health, tooth decay remains one of the major public health problems: one needs only to consider that in the European industrialized countries, the percentage of children between 8 and 9 years with at least one tooth carious is 68%, while between 13 and 14 years it rises to 85%. In Europe the goal is "no cavities" for 90% of children aged 5-6 years by 2020, a goal that, according to experts, is just staking everything on prevention.

Pierrel S.p.A. and Pierrel Pharma Ltd.

Pierrel S.p.A. is a global provider to the pharmaceutical and life science industries, specializing in clinical research (Contract Research), in pharmaceutical manufacturing (Contract Manufacturing), and marketing of branded Pierrel drugs (Pharma). Pierrel is listed on the MTA market organized and managed by the Italian Stock Exchange. Pierrel Pharma is the company, within the Pierrel group, being responsible for registration and commercial development of Pierrel branded pharmaceutical products, anesthetics for dental use, such as Articaine, Lidocaine and Mepivacaine. Pierrel successfully launched its Articaine in the U.S. in 2011, the very first aseptically manufactured articaine ever introduced in the US, under the registered trademark 'Orabloc™'. In addition, the Pierrel Articaine is also marketed in Russia and Canada, and approval is pending in the UK, France, Germany, Poland and Austria. www.orabloc.com.

Erpogen S.p.A. and Smile Ltd.

Eporgen SpA is an Italian company, wholly funded by private investors, non-institutional, dedicated to initial investment capital (seed capital) in the field of life sciences. They started business in 2005 and are based in Bioparco "Silvano Fumero" in Colletterto Giacosa (Torino), where they created a portfolio of 11 start-ups (7 of which develop products and 4 develop technologies). These start-ups are legally independent entities but report to Eporgen and are built around intellectual property that is developed to a stage of "proof of concept". The operating model Eporgen offers the advantages of the investment model "asset-centered" but also the efficiency of operation of a small biotech with a centrally managed portfolio, led by executives with long experience in the pharmaceutical and biotechnology industries. Since its inception, Eporgen has experienced continuous growth, doubling the size of the base of investors and portfolio companies. Over the next few months Eporgen is expected to increase capital to promote further development of its activities. "The Company Smile Biotech Srl, the brainchild of a group of researchers at the University of Turin (Prof. D. Ghigo, Dr. L. Bergandi), was established in October 2009 with a registered capital of € 100,000. The company structure consists of Eporgen SpA for 70% and by researchers at the University of Turin for the remaining 30%. The Company holds an exclusive license to exploit the patent and is engaged in the diagnosis, prevention and treatment of dental diseases

For further information: Pierrel S.p.A.

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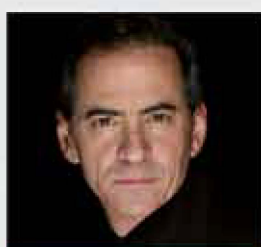
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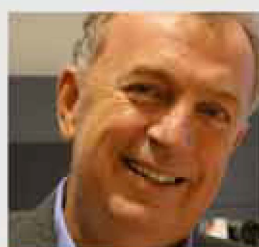
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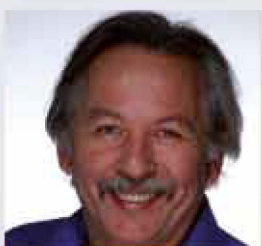
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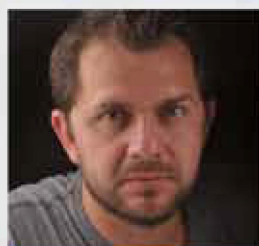
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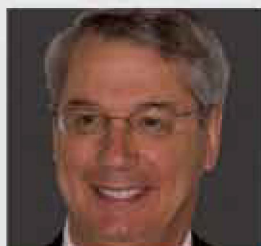
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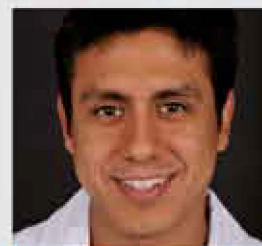
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A Smile Years In the Making

Hua Tai'an's Journey



Xi'an, China — For some people, four years is a short period of time. For a surgeon, four years is the amount of time spent in medical school. For Smile Train, four years is just shy of a third of our existence. However, for a child with a cleft, four years can change his fate. Four years moved Hua Tai'an and his family from sadness and helplessness to happiness and hope.

Four years moved Hua Tai'an and his family from sadness and helplessness to happiness and hope.

Hua Tai'an was born in July 2006 with both a cleft lip and a cleft palate in Xianyang City, China. Not long after his birth, Hua's father began to seek treatment for his son. The family used all of what little savings they had to pay for Hua's cleft lip surgery, which still left Hua's nose misshapen. **They had no money left to afford surgery to repair his cleft palate.** Luckily, not long after, Hua's father learned of free cleft surgeries being provided by Smile Train's earliest partner hospital in his province, **Stomatological Hospital of Xi'an Jiaotong University.**

The hospital's staff was struck by the appearance of the father and son when they arrived at the hospital — Hua was beautiful little child, while his father had long, shaggy hair down to his worn-out clothes. Despite making the journey with his son to the hospital, **Hua's father was still skeptical that surgery could be free** in such a large hospital in a big city like Xi'an, **especially because the first surgery had cost his family's life savings.** The doctors told him that, "Smile Train pays for you, so that you can enjoy the free surgery." He still had his reservations, but couldn't pass up the chance to repair Hua's palate.

On July 8, 2008, two-year-old Hua Tai'an underwent a successful surgery to repair his cleft palate.

A Need for Speech Therapy

As time passed after the surgery, the father found that his child was still unable to play with other children. Hua was unable to speak clearly because he had already developed improper speaking habits before his cleft palate surgery. Naturally, he was very concerned for his son. In 2010, our Smile Train partner invited Hua and his father to a speech language camp for cleft palate patients to help correct his speech.

At the speech camp, Hua and his father took part in the activities with the other patients and their families. Despite being with other cleft patients like him, Hua was too shy to look up or speak. His father said that the poor appearance of his son's nose due to his original surgery at a hospital not aligned with Smile Train was to blame. **The team at the hospital recommended a second surgery to revise the cleft lip repair and help with Hua's speech.** Hua's father was even more worried about the possible costs than during his first visit to the hospital. The doctor's explained to him that he need not worry because Smile Train would once more fund the treatment as well as transportation fees to and from the hospital.

A Perfect Smile

After many months spent debating another surgery, Hua's father permitted surgical treatment for his son. On February 10, 2012, Hua was operated on by the same surgeon who originally treated his cleft palate. The surgery was a great success and Hua was discharged from the hospital on schedule.

During one of Hua's follow-up visits in November 2012, doctors thought that another child had entered their office due to his beautiful smile. Hua had made wonderful progress. He spoke confidently to all the staff and proudly shared his academic achievements.

Even Hua's father's smile had noticeably grown. He said his son had been much more cheerful and outgoing, as if Hua was a different person. The difficulties of the past four years had disappeared. He proudly displayed all the materials associated with his son's years of treatment. Doctors were inspired when they noticed report cards of the speech treatment camp that the father had cherished, but was so common to them. Hua's father finally found that his son could be as outstanding as other children, if not more so.

The team at Stomatological Hospital of Xi'an Jiaotong University was grateful and happy as well. **Throughout the past four years, the father had worn the same clothes every time he visited the hospital. Under such difficult economic conditions, the hospital staff was unsure how long the family's persistence in treating their son could last.**

It took the hospital staff some time to consider what was the key to Hua's success. They recently wrote to Smile Train in conclusion that: "Without the support of such a strong foundation — Smile Train — we couldn't have persisted on for four years with a single patient. Poor families couldn't have afforded the surgery, let alone follow up care. **Without Smile Train, the team approach to cleft care wouldn't have such development or scale as today. Without Smile Train, how could we have seen the smiles of children with cleft lip and cleft palate?"**

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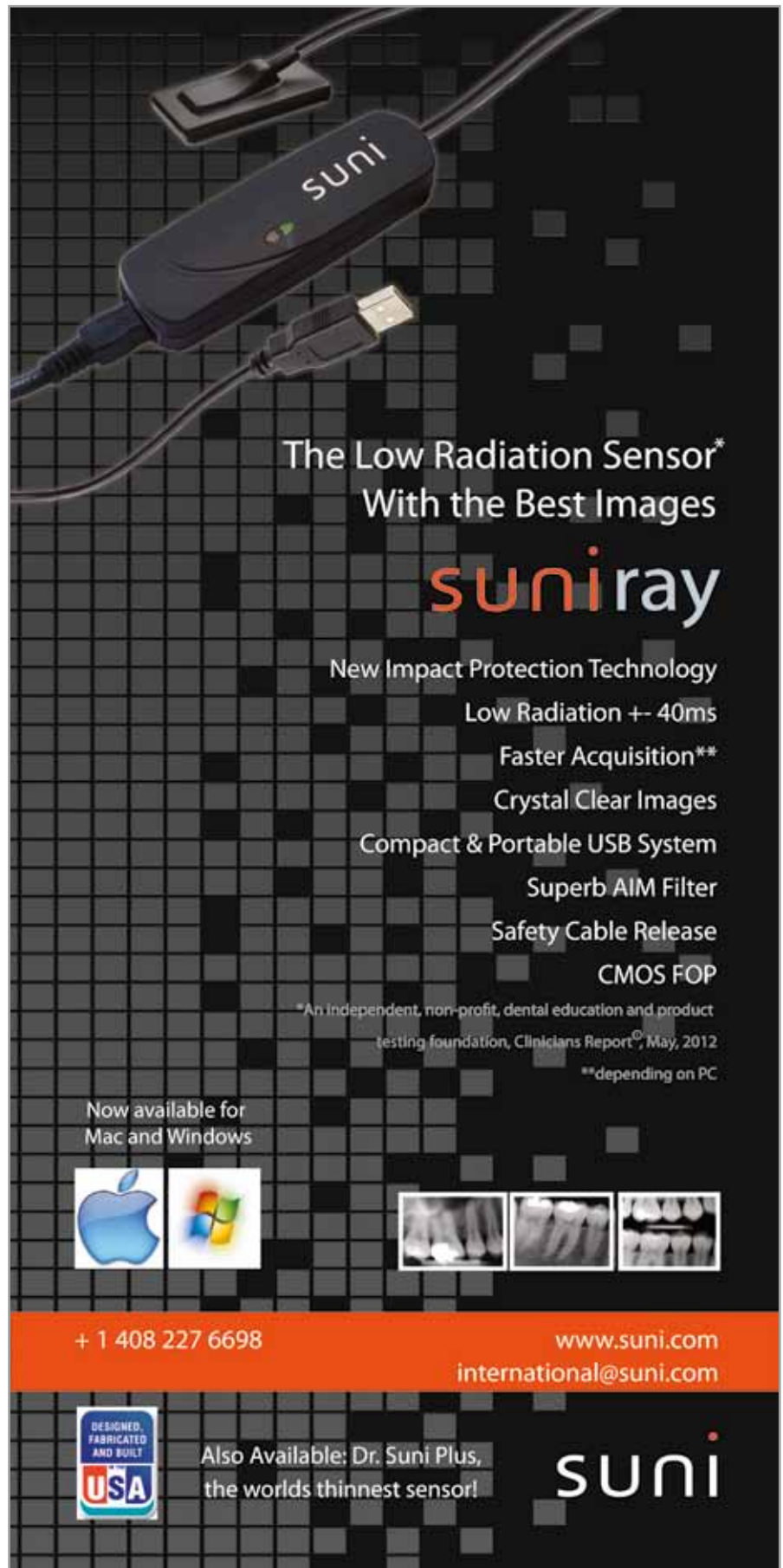


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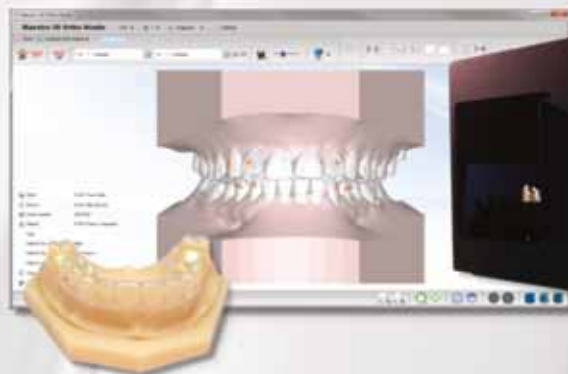
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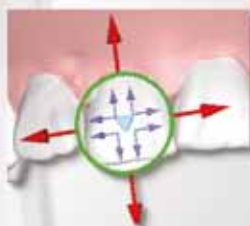
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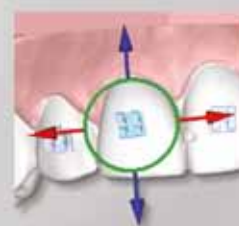


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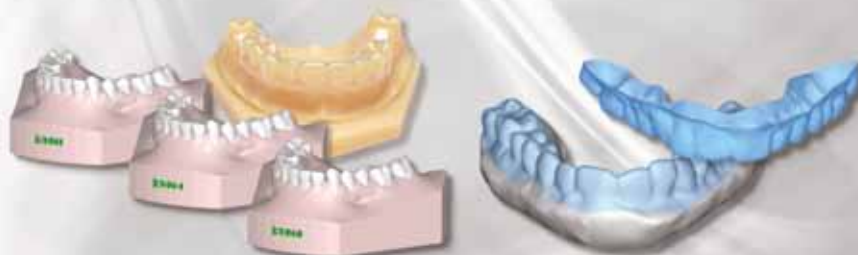
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•• **09-12/06/2013 SINO-DENTAL 2013- The 18th China International Dental Exhibition and Scientific Conference (Beijing – China)**

International Health Exchange and Cooperation Center, Ministry of Health P.R. China

Sino-Dental Organizing Committee
Room 703, Building B3, Wudongdalou
No. 9 Chegongzhuang Street, Beijing, 100044, China
Tel: +86 10 8839 3922 // 3923 // 3917 // 3929
Fax: +86 10 8839 3924
E-mail: info@sinodent.com.cn
Website: www.sinodent.com.cn/en
Contact Person: Ms. Sunny Yin
E-mail: yinhaiyan@ihecc.org, yhsunny@hotmail.com
Ms. Carol Kang (Project Manager)
E-mail: kangle@ihecc.org
For booth reservation, please contact:
Ms. Yin Haiyan, Ms. Zhang Zhenzhen, Ms. Zhang Haixia
Email: yinhaiyan@ihecc.org, zhangzhenzhen@ihecc.org, info@sinodent.com.cn
Exhibition Venue: (CNCC) China National Convention Centre (beside Bird Nest and Water Cube),
No.7 Tianchen East Road, Chaoyang District,
Beijing 100105 - China
www.sinodent.com.cn/en

•• **14-15/06/2013 Baldentica 2013- 12th Baltic Exhibition of Dental Materials and Equipment (Gdansk – Poland)**

EXACTUS Anna Deja-Berdula, Ewa Mastalerz, Marek Wiktorowski Sp.j.
Al. Kosciuszki 17, 1st floor
90-418 Lodz - Poland
Tel: +48 42 632 28 66
Fax: +48 42 632 28 59
E-mail: info@exactus.pl
Website: www.exactus.pl
Venue: Gdansk International Fair grounds
EXHIBITION & CONVENTION CENTRE AMBEREXPO
Zaglowa Str. 11
80-560 Gdansk
Poland
www.baltdentica.pl

•• **10-13/07/2013 21st International Dental Congress of Rio de Janeiro 2013 (Rio de Janeiro – Brazil)**

International Agent:
Infodent International
Via Biagio Pallai 13
00151 Rome, Italy
Tel: +39 06 58303245
Fax: +39 06 58343693
E-mail: info@infodent.com
Website: www.infodent.com
www.ciorj.org.br

July '13

August '13



•• **22-24/08/2013 Medipharm Vietnam 2013- The 13th Vietnam Medical, Hospital, and Pharmaceutical Exhibition**

(Ho Chi Minh – Vietnam)

Vietnam National Trade Fair & Advertising Company - VINEXAD

9 Dinh Le Str., Hanoi
Tel: +84 4 382 55546
Fax: +84 4 393 63085
E-mail: exh-vinexad@hn.vnn.vn
Venue:
Tan Binh Exhibition & Convention Centre (TBECC)
446 Hoang Van Thu Str., Tan Binh Dist., Hochiminh City, Vietnam
www.medipharmexpo.com



•• **28-31/08/2013 FDI Annual World Dental Congress Istanbul 2013**

(Istanbul – Turkey)

FDI World Dental Federation
Tour de Cointrin
Avenue Louis Casai 84

Case Postale 3
1216 Cointrin à Genève
Switzerland
Tel. +41 22 560 81 50
Fax +41 22 560 81 40
E-mail: info@fdiworldental.org
E-mail: congress@fdiworldental.org
Website: www.fdiworldental.org
Contact Person: Mr. Steeve Girod
E-mail: SGirod@fdiworldental.org
Direct Phone: +41 22 560 81 41
Venue: Istanbul Congress Center Taskisla Street
Harbiye 34367 Istanbul/ TURKEY
www.fdiworldental.org

Infodent booth: B158 - B159

September '13

•• **03-07/09/2013 ADA 2013- The 35th Australian Dental Congress (Melbourne – Australia)**

Organized by: Australian Dental Association
PO Box 520
St Leonards NSW 1590
Australia
14-16 Chandos Street
St Leonards NSW 2065
Australia
Tel: +61 2 9906 4412
Fax: +61 2 9906 4917
Website: www.ada.org.au
Venue: Melbourne Convention and Exhibition Center
http://adc2013.com

•• **04-07/09/2013 Medvin - Dentistry
2013 The 62nd Kiev International Dental
Forum and Exhibition**
(Kiev - Ukraine)

Medvin
Heroes of Stalingrad Avenue 12E, office
"MEDVIN"
Kiev, 04210, Ukraine
Tel: +38 44 501 03 44 // 501 03 42 // 501
03 66
Fax: +38 44 501 03 44 // 501 03 42 // 501
03 66
E-mail: mail@medvin.kiev.ua
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Tel: +38 44 501 03 44 // 42 // 66 | add. 109
E-mail: valery@medvin.kiev.ua
Manager: Mukoviz Alexander
Tel: +38 44 501 03 44 // 42 // 66 | add. 112
E-mail: alex@medvin.kiev.ua
Venue: KievExpoPlaza
st. Salyutna 2b
Kiev - Ukraine

•• **12-14/09/2013 CEDE 2013-23rd
Central European Dental Exhibition**
(Poznan - Poland)



Organiser:
EXACTUS Sp.j.
Al. Kosciuszki 17 1st
floor
90-418 Lodz, Poland

Tel: +48 42 632 28 66
Fax: +48 42 632 28 59
E-mail: info@exactus.pl // cede@cede.pl //
info@cede.pl
Website: www.exactus.pl // www.cede.pl
Venue: Poznan International Fair grounds
Glogowska Street 14,
60-734 Poznan, Poland
www.cede.pl

•• **16-19/09/2013 Dental-Expo 2013 -
International Dental Forum -
International Exhibition**
(Moscow - Russia)



Dental Expo Ltd. /
JSC "DE-5"
Bolshaya Yakimanka
38A
119049 Moscow -
Russia

Tel/Fax: +7 495 921 40 69
International Affairs Manager:
Ms. Katerina Pikulina
E-mail: international@dental-expo.com
Website: www.dental-expo.com
Exhibition Venue: Moscow, Crocus Expo
www.dental-expo.com/eng/dental-expo.
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n° 2/2013 May- July issue

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Via Vicenza 14 Int. 8 - 01100 Viterbo - Italy
Tel: +39 0761 352 198 - Fax: +39 0761 352 133
www.infodent.com - info@infodent.com

In collaborazione con Iron Srl
Via Vincenzo Monti, 32 20122 Milano

Printer/Stampa: Graffietti Stampati Snc
S.S. Umbro Casentinese Km. 4,500
Montefiascone (VT)

n°2/2013 - aut. trib. VT n°496 del 16-02-2002
Trimestrale di informazione tecnico scientifica
Poste Italiane s.p.a. - Sped. in A.P. - D.L. 353/2003
(conv. in L. 26/02/2004 n°46) art. 1 comma 1 DCB VITERBO
Costo copia - Euro 0.77

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