

2016 KCCS

Non-Invasive Facial Rejuvenation Workshop (Botox, Filler & Thread)

September 22nd - 24th (Thu. - Sat.), 2016



Date	September 22 nd -	- 24 th (Thu Sat.)	, 2016	
Attendee	Only 12 doctors (Absolutely limited)			
Venue	English Add.: New gu, Busan, Korea. Korean Add.: 부신	Nampo Building 10	lfi Kang's Clinic in Busar th floor, 4, Gudeok-ro 34 번길 4 (뉴남포빌딩 10층) 1686	lbeon-gil, Jung-
Support by	Miraero Academy			
Organizer	KCCS (Korean College of Cosmetic Surgery)			
Speaker		Director of Seoul Co Founder of KSKCS a Editor of the Journa Member of Korean Diplomat of Interna Ex-Professor of Ca South Korea Visiting Professor of Dae-gu, South Korea Ex-Chief Director department of Wa Korea	Association of Anatomist tional Board of Cosmetic tholic University Medical of Young-Nam University a of plastic and reconallace Memorial Hospit ow in the fields of Blep	nd Medicine t Surgery al School, Daegu, y Medical School, structive surgery al, Busan, South
Language	English			
Registration Fee	Non-Member	Member	Diploma Member	Fellow
	\$1,500	\$1,350	\$1,200	
	* 12 doctors are li	imited.	of KCCS (membership fe	

Registration	You can register in this course by submitting your registration form to KCCS by fax +82-51-248-7765 or e-mail: kccs7777@hotmail.com Based on first-come, first-served, please register ASAP.
Awards for participants	Each doctor will be awarded a Certificate of Attendance of the workshop issued by the KCCS after finishing the workshop.
International Membership	If you want to join International member of KCCS, Please fill the International Membership and send us registration form by email or fax. Membership application fee is \$660
Payment (Bank Info)	Bank name: SHINHAN Bank Branch name: Busan Banking Center AD: 2, Donggwang-Dong 1Ga, Jung-Gu, Busan 600-020, Korea BIC code: SHBKKRSE Beneficiary Name: KCCS (Kyoung-Jin Kang) Account Number: 180-005-881845 * Please pay remittance charge separately when you wire the application fee.
Notification	It is important to KCCS that you enjoy this workshop. If you have any special needs due to a disability, Please let us know in advance so that we may try to accommodate your needs. 1. Cancellation Policy i) In case that the workshop schedule(date or venue) is changed by unavoidable circumstances of KCCS, which leading to change accommodation, flight ticket, KCCS would provide commission occurred by changing the hotel and flight ticket to attendees who registered already before changing the venue or date (It is not applicable to companion and nonrefundable flight ticket). This clause is effective when KCCS changes the schedule within 1 month before the workshop. ii) In case that an attendee would like to cancel the registration or could not attend the workshop because of personal affairs or The workshop will be canceled due to unavoidable situation of KCCS, Cancellation of International membership of KCCS is not permitted when you register this workshop and KCCS International membership simultaneously.
	2. Photography/Audio/Visual Taping Restrictions i) There is strictly no photography or audio or visual taping allowed during surgery without express prior written permission of the KCCS and the speaker. Anyone found

photographing or taping without authorization will be required to immediately surrender the film or tape with no reimbursement or further recourse.

3. Refund policy

Deadline for refund is 2 weeks before the date of the Workshop

80%	50%	20%
~September 2, 2016	September 2 ~ 8 , 2016	September 9, 2016~

(A \$100 administrative processing fee will be subtracted from each approved refund)

4. Disclaimer

The KCCS disclaims any and all liability for injury or other damages resulting to any individuals attending a session for all claims which may arise out of the use of the techniques demonstrated or discussed therein by such individuals, whether these claims shall be asserted by a physician or any other person.

All speakers, topics and schedules and method of presentation are subject to change without prior notification and will not be considered reason for refund requests.

5. By remitting the registration fee, registrant will be admitted on condition, and by said attendance at this meeting agrees that he/she will not photograph, audio tape, transmit, or aid in transmitting any description, account, picture, or other reproduction of any part of the meeting.

Breach of the foregoing will automatically terminate your registration and the registrant shall be liable for all consequential and other applicable damages.

By remitting payment for this workshop, you also agree to abide by all KCCS policies and procedures and by the policies included in this registration package.

Contact

For registration, accommodation and further information, please do not hesitate to contact: 1) Website : www.koreancosmeticsurgery.com

2) E-mail: kccs7777@hotmail.com,

3) Mobile: +82-10-2265-6686 4) Office: +82-51-247-7776



Korean College of Cosmetic Surgery

2016 KCCS Non-Invasive Facial Rejuvenation Workshop (Botox, Filler & Thread)

<Program>

September	22 nd (Thursday), 2016
Subject : Bo	otox
Time	Contents
09:00-12:00	<lecture></lecture>
	1. Anatomy for botulinum toxin
	2. Traditional muscular injection technique(face, neck, and calf)
	3. Intradermal lifting technique
	4. Evaluation and indication of face and body for botox injection
12:00-13:00	<lunch break=""></lunch>
13:00-16:00	<live botox="" demonstration="" injection="" of=""></live>
	Case 1 Face
	Case 2 Face
	➤ Case 3 Body (calf reduction)
	<lecture></lecture>
	Complications and treatments
16:00-17:00	<lecture></lecture>
	Combination therapy of botox, filler, and thread lift

September 23rd (Friday), 2016

Subject: Filler

Subject : 11	
Time	Contents
09:00-12:00	<lecture></lecture>
	1. Facial anatomy for filler injection
	2. Traditional filler injection technique
	3. Basic concept and technique for filler lifting effect with natural contour:
	SAFI (Sequential Augmentation of Filler Injection)
	4. Evaluation of face for filler injection
	5. Hyaluronic acid filler and hyaluronidase
	<practice></practice>
	DIYS for evaluation and designing for filler injection (all attendee)
12:00-13:00	<lunch break=""></lunch>
13:00-17:00	<live demonstration="" filler="" injection="" of=""></live>
	> Case 1: Forehead & Temple
	Case 2: Sunken eye lid & Pretarsal augmentation
	 Case 3: Mid-face¹ & Nose augmentation
	> Case 4: Cheek depression
	Case 5: Chin augmentation
	<discussion></discussion>
	<lecture></lecture>
	Complications and prevention

 $^{^{\}scriptsize 1}$ Mid-cheek depression tear through deformity and nasolabial fold

September 24th (Saturday), 2016

Subject: PDO Thread Lifting (ASTi®)

Time	Contents
09:00-11:00	<lecture></lecture>
	1. Anatomy of face and neck
	2. Aging process of face and neck
	3. Action mechanism of various PDO threads in facial soft tissue.
	4. How to evaluate patient and do preoperative marking?
	5. Complications and treatments
11:00-12:00	<dvd lecture=""></dvd>
	3-Dimensional EZ [®] contouring thread lift
12:00-13:00	<lunch break=""></lunch>
13:00-15:00	<live demonstration="" lifting="" of="" pdo="" thread=""></live>
	Case 1: Forehead
	Case 2: Mid-face
	Case 3: Lower face
	Case 4: Neck
	<discussion></discussion>

^{*} Speaker, program, date and venue are subject to change without any prior notice.



Korean College of Cosmetic Surgery

KCCS International Membership



See the Difference!

The KCCS is an institute where passion, leadership and rich experience for the improvement and education of Korean cosmetic surgery and medicine have been accumulated. The KCCS has a wide range of training system which consists of specialized doctors including **human anatomy**, which is fundamental in the field of cosmetic surgery, **oral and maxillofacial surgery**, **plastic and reconstructive surgery**, **otolaryngology**, **ophthalmology**, **obstetrics and gynecology**, **urology**, **general surgery and dermatology**. The ultimate goal of KCCS is providing information and improving standards in every field of cosmetic surgery & medicine. Members of the KCCS can work as a member of expert group in Asia as well as in Korea. Moreover, you can improve your ability by showing and sharing your knowledge and skills, which will result in presenting patients joy and happiness. Also, you can contribute to your community by developing your hospital.

1. Discover the Benefits of KCCS International Membership

KCCS International Members can receive:

- I) Discounts on registration fee in various events:
- i . Live workshops
- ii. Special Hands-on Courses
- iii. Annual Conferences
- iv. Cadaver dissection Workshop
- II) Certificate of KCCS International Membership
- 2. You can register for KCCS International Membership by filling out the application form & send to KCCS by fax +82-51-248-7765 or E-mail: kccs7777@hotmail.com
- 3. Membership Application Fee: USD 660
- 4. . Kindly please send payment to:

Bank name	SHINHAN Bank
Branch name	Busan Banking Center
Address	2, Donggwang-Dong 1 Ga, Jung-Gu, Busan 600-020, Korea
BIC code	SHBKKRSE
Name of Beneficiary	KCCS (Kyoung-Jin Kang)
Account Number	180-005-881845

Note: Please pay remittance charge separately when you wire the application fee.



International Membership Application Form of KCCS

Full Name					Picture
Format of	1) Full Name	, M.D.	Date of Birth :		
Name in	2) Dr. Full Na	ame	/(Y)	/(M) /(D)	
Certificate	Please choos	se ONE only.	Gender: Male / F	emale	
Master's course					
(Major)					
Hospital	Name:			Tel.(H/P):	
	Address:			Tel.(O):	
Home	Address			Tel.(H):	
Attainments	Graduated			Entered year:	
In Scholarship	university			()
	Master's			Special study:	
	course			()
Training	Intern	() Hospital
Course	Resident	() Hospital
	Special study			License number:	()
Joined	1.				
Society	2.				
About	Cosmetic	1.			
Cosmetic	career	2.			
Surgery		3.			
	Duration	<u> </u>			
	Duration of hospital				
	Main clinic	Skin & Dermatolo	oovr (
	iviairi CilliiC				<i>J</i>
		Face cosmetic sur)
		Body cosmetic su	rgery: ()
	Possible				
	livesurgery				

^{*} KCCS International Membership Application Fee: USD 660



Registration Form

	(Rotov	Filla	r & Thread)	
	(BULUX,	, me	. « mitau)	
Physician Name :				
Original Field of Traini	ng :			
Address :				
City:	State :			Zip:
Mobile Phone No. :				
E-mail :				
Experience of Cosmeti	ic Surgery :			
Medical License No. :				
Format of Name in C	ertificate (Please	e cho	oose ONE only)	
1) Full Name, M.D. \square	2) Dr. Full Nan	<u>ne</u> 🗆]	
Non-member of KCCS	□ Member -1	KCC	S - Dinloma marel	oer □ Fellow □
Registration fee				
_				
Non-Member	Member		Diploma Member	Fellow
\$1,500	\$1,350		\$1,2	
				200
a 15 -				200
Send Payment To (Please pay remittar	nce cł	narge separately) :	200
Send Payment To (Bank name : Shink			harge separately) : eficiary : KCCS (Kyoun	
		Ben		ng-Jin Kang)
Bank name : Shinh	han bank	Ben Brar	eficiary : KCCS (Kyoun	ng-Jin Kang) Center
Bank name : Shinl ABA : SHBKKRSE	han bank	Ben Brar Ado	eficiary : KCCS (Kyoun	ng-Jin Kang) Center
Bank name : Shinl ABA : SHBKKRSE	han bank	Ben Brar Ado	eficiary: KCCS (Kyounnch: Busan Banking Chress: 2, Donggwang-	ng-Jin Kang) Center
Bank name : Shinl ABA : SHBKKRSE	han bank	Ben Brar Ado	eficiary: KCCS (Kyounnch: Busan Banking Chress: 2, Donggwang-	ng-Jin Kang) Center
Bank name : Shinh ABA : SHBKKRSE Acc. No.: 180-005	han bank	Ben Brar Ado Busa	eficiary : KCCS (Kyounnch : Busan Banking C dress : 2, Donggwang- an 600-020, Korea	ng-Jin Kang) Center
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