1. BASIC INFORMATION

Name	**Wael Mohamed Mubarak Refai**
Position	**Vice dean**
Work Place (Faculty)/ Department	**Dentistry- Minia university**
Specialty	**Orthodontic**
Telephone Number	**01223416489**
E-Mail Address	**W_refai67@hotmail.com**

2. Academic information

Degree	date	University	Country	Specialty
Bachelor degree	**1990**	**Cairo university**	**Egypt**	
Master degree		**Cairo university**	**Egypt**	**Orthodontics**
Doctor degree		**Cairo university**	**Egypt**	**Orthodontics**

3. Professional information

Position	Work place	Time period
Vice dean and head department of orthodontic department	**Minia university**	

4. Scientific research and activities

Number of publications	Field of specialty
18 paper	**Orthodontic**
3 paper	**Orthodontic**
3 lecture	**Orthodontic**

5. Experience

	Founder of orthodontics in upper Egypt
	International publications and lectures in national and international conferences
	Teaching in October 6 university
	Teaching in MUST university

6. Workshops and training

No.	Topic	Offered by	Date
	Space analysis	**Volunteer**	
	Cephalometric analysis	**Volunteer**	

Name	Signature	Date
Wael Mohamed Mubarak Refai		**February 2014**