



ADIA

New Orleans

ICOI Winter Implant Symposium

January 16-18, 2014 ~ Marriott Hotel on Canal Street



For more information contact the ICOI Central Office at (973) 783-6300 or visit our website at www.icoi.org

Train your team with a 2½ day Auxiliary program including certification programs.

ADA CERP® | Continuing Education Recognition Program

ICOI is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.



ICOI is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from April 1, 2010 to March 31, 2014. Provider ID# 217378.

REGISTRATION FORM

ICOI WINTER IMPLANT SYMPOSIUM • NEW ORLEANS, LA

January 16-18, 2014 • Marriott Hotel on Canal Street

Pre-Symposium Courses: Thursday Morning, January 16th

ICOI ID#

Family Name (Surname) - Please print or type

First Name - Please print or type

Street Address

City

State/Province

Zip Code

Country

Phone

E-Mail

AGD#

REGISTRATION FEES

One form per registrant please

METHOD OF PAYMENT

TOTAL AMOUNT USD: \$ _____

SCIENTIFIC SESSION

*** If you are an ICOI member who has never attended a meeting, you would be eligible for the New Member discounted rate.**

New Member rate includes scientific session only. It does not include Pre-Symposium Courses, Award Ceremony, Auxiliary or Accompanying Persons programs.

	On/Before Dec. 2, 2013	After Dec. 2, 2013	
New Member:*	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575	
New Members must join first.			
Please complete membership application with this registration.			
Practitioner:	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750	ICOI Member
	<input type="checkbox"/> \$825	<input type="checkbox"/> \$925	Non-Member
Laboratory Technician:	<input type="checkbox"/> \$295	<input type="checkbox"/> \$325	ICOI Member
	<input type="checkbox"/> \$395	<input type="checkbox"/> \$425	Non-Member
Full-Time Faculty:	<input type="checkbox"/> \$295	<input type="checkbox"/> \$325	ICOI Member
<i>(must submit faculty credentials with registration)</i>	<input type="checkbox"/> \$395	<input type="checkbox"/> \$425	Non-Member
Full-Time Student:	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	ICOI Member
<i>(must submit full-time status with registration)</i>	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	Non-Member

AUXILIARY SESSION: ADIA Member: \$295 ADIA Non-Member: \$395

Please Choose One: Hygiene Management Assisting Coordinator

ACCOMPANYING PERSONS:.....\$ _____

\$125 per person *(admittance to scientific session or ADIA programs not included)*

AWARD CEREMONY: Friday, January 17th\$ _____

Those receiving credentials and one(1) guest are complimentary.

Additional guests are \$25 each (non refundable)

Award Being Received: Fellowship Mastership Diplomat

PRE-SYMPOSIUM COURSES: Thursday, January 16th

- Dr. Spector (MIS): \$195 Dr. Scheritt (Salvin): \$295 Dr. Miller (Intra-Lock): \$195
 Drs. Scherer and Ingel (Zest): Gratis Dr. Babushkin (BioHorizons): Gratis
 Dr. Romanos (Dentsply): Gratis Dr. Misch (Misch Institute): \$375

Cancellation Policy:

50% of registration fee will be refunded if requested on or before January 1, 2014. Cancellations after this date are **non-refundable**. Anyone requesting a refund must complete a Refund Request Form. Please contact the central office via email at icoi@dentalimplants.com.

THREE WAYS TO REGISTER:

- Online at www.icoi.org
- Credit Card: Complete information below and fax to **(973) 783-1175**
- Mail (make checks payable in US funds to ICOI):
1700 Route 23 North
Suite 360
Wayne, New Jersey 07470
phone: (973) 783-6300

CREDIT CARD:

MasterCard Visa American Express

Credit Card Number:

_____ - _____ - _____ - _____

Billing Zip Code: _____ CVV No: _____

Exp. Date: _____ / _____
month year