

5th ANNUAL DENTAL IMPLANT SYMPOSIUM

Cutting Edge Concepts in Implantology

Dr. Dennis Tarnow, Scientific Chairman

December 12-13, 2014

Columbia University, Alfred Lerner Hall
2920 Broadway at West 115th Street, New York, NY



SPEAKERS TO INCLUDE:

Dr. Robert Eskow • Dr. Scott Ganz • Dr. David Garber • Dr. John Grbic
Dr. Tomas Linkevicius • Dr. Carlo Marinello • Dr. Craig Misch • Dr. Mark Reynolds
Dr. Frank Schwarz • Dr. John Sorensen • Dr. Christian Stappert • Dr. Chandur Wadhvani

A limited number of rooms are
being held until 11/22/14 at:

The Beacon Hotel
2130 Broadway at 75th Street
New York, NY 10023
Tel: (212) 787-1100
Toll Free: (800) 572-4969
www.beaconhotel.com

ICOI group discounted rate of \$295-\$305 USD
(single or double) and \$355 USD (suite) + taxes.

You must mention International Congress
when making reservations.

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

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Columbia University College of Dental Medicine is an ADA CERP Recognized Provider 11/1/13 through 12/31/17 and a registered provider with the Dental Board of California (RP 3954). 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 a CE provider may be directed to the provider or to ADA CERP at www.ada.org/goto/cerp.

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between Columbia University College of Dental Medicine and the ICOI.

REGISTRATION FORM

Columbia University/ICOI 5th Annual Dental Implant Symposium
December 12-13, 2014 • New York, NY

NAME (Please Print) _____

STREET _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE _____ FAX _____

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SCIENTIFIC SESSION

TUITION

Practitioner: ICOI Member/Columbia Dental Alumni.....\$595 \$ _____

Practitioner: Non-Member\$695 \$ _____

Columbia Dental Faculty.....\$375 \$ _____
(Must submit verification of faculty status with registration)

Full-Time Student: (Non-Columbia)\$200 \$ _____
(Must submit verification of full-time status with registration)

TOTAL AMOUNT USD \$ _____

Cancellation Policy: 50% of registration fee will be refunded if requested on or before November 9, 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.

REGISTRATION AND PAYMENT

Three Ways to Register:

1. Online at **www.icoi.org**
2. Credit Card: Complete information below and fax to **(973)783-1175**.

MasterCard Visa Amex

Card Number _____ Exp. _____ CVV No. _____

Signature _____ Billing Zip Code _____

3. Mail: Please make checks payable in US funds to ICOI and mail to:
1700 Route 23 North, Suite 360, Wayne, NJ 07470, USA. (973) 783-6300 or 1-800-442-0525