

WORLD CONGRESS XXXI • TOKYO, JAPAN

REGISTRATION FORM

October 3-5, 2014 • Tokyo International Forum Convention Center

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*

ICOI MEMBER: SCIENTIFIC SESSION	Early Bird: on or before 2014/7/31	After 2014/7/31	On site Registration
Practitioner/Dentist:	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650
Full-Time Faculty:	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400
Laboratory Technician:	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Full-Time Student: <i>(must submit full-time status with registration)</i>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
Auxiliary/Hygienist:	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250

ICOI NON-MEMBER: SCIENTIFIC SESSION	Early Bird: on or before 2014/7/31	After 2014/7/31	On site Registration
Practitioner/Dentist:	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750
Full-Time Faculty:	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
Laboratory Technician:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350
Full-Time Student: <i>(must submit full-time status with registration)</i>	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Auxiliary/Hygienist:	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300

CORPORATE FORUM: Friday, October 3rd Biomet 3i Nobel Biocare

GALA DINNER: Saturday, October 4th
Number of tickets requested at \$120 each: _____ \$ _____

AWARD CEREMONY: Saturday, October 4th
Award Receiving: Fellowship Mastership Diplomat

ACCOMPANYING PERSONS:
Number of people attending at \$125 each: _____ \$ _____
Admittance to scientific session/gala dinner not included.

METHOD OF PAYMENT

TOTAL AMOUNT USD: \$ _____

CANCELLATION POLICY:
50% of registration fee will be refunded if requested on or before August 3, 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.

- WAYS TO REGISTER:**
- Online at www.icoi-ap.org for participants in Asia-Pacific Region.
 - Online at www.icoi.org for all other regions including USA, Canada, Europe, etc.
 - Credit Card: Complete information below and fax to **973-783-1175 (US)**
 - Mail (make checks payable in US funds to ICOI):
1700 Route 23 North, Suite 360, Wayne, NJ 07470
phone: (973) 783-6300
 - Wire Transfer: JP Morgan Chase Bank NA, 865 Bloomfield Ave., West Caldwell, NJ 07006 USA
ICOI Account # 858818453 • Routing# 02100021
IBAN# US 858818453 • Swift (BIC)# CHASUS33

Please consider your banking fees to ensure payment received is for full amount due. Be sure to identify your name and description of payment (what and who the payment is for) for correct and prompt processing of your payment. Also, please email any additional supporting documentation that applies to your wire transfer to icoi@dentalimplants.com.

CREDIT CARD:
 MasterCard Visa American Express

Card Number: _____

Billing Zip Code: _____ CVV No: _____

Expiration Date: _____