

2015 ICOI Asia Pacific Section Congress

November 13 - 15, 2015 Angkor Wat, Siem Reap, Cambodia

ICOI ID NO.	Family Name (Surname)	First Name
Street Address		
City	State/Province	Zip Code
Phone		E-Mail

REGISTRATION FEES

	Before 08/01/2015	After 08/01/2015	
Dental Practitioner:	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400	ICOI Member
	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500	Non-Member
Lab Technician or Industry Personnel:	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300	ICOI Member
	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400	Non-Member
Full-Time University Faculty : <small>(must submit verification of full-time status with registration)</small>	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300	ICOI Member
	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400	Non-Member
Pre-Doctoral or Graduate Student : <small>(must submit verification of full-time status with registration)</small>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	ICOI Member
	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	Non-Member

Hands-on Workshop by NYU: Friday, Nov. 13
 \$ 100 (Max number for this hands-on workshop is 25.) \$ _____

GALA DINNER: \$150 per person - Saturday, Nov. 14 X _____ person \$ _____

METHOD OF PAYMENT

**WEB: <http://2015-icoi-ap-congress.info>

TOTAL AMOUNT USD: \$ _____

Cancellation Policy:
 100% of registration fee will be refunded if requested on or before October 13, 2015. Cancellations after this date are non-refundable. Anyone requesting a refund must complete a Refund Request Form. Please contact Asia-Pacific Office via email at office@icoi-ap.org

****CHECKS:**
 Please make checks payable to the ICOI in US funds and mail to:

ICOI
 55 Lane Road
 Suite 305
 Fairfield, NJ 07004
 phone: (973) 783-3000
 fax: (973) 783-1175

**CREDIT CARD :

Master Card Visa
 American Express

Credit Card Number: _____

Exp. Date: _____

CCV Code: _____

Registration ends Nov. 1, 2015.
 We do not accept on-site registration.
 Your badge and meeting packet will be waiting for you upon arrival.

HOTEL BOOKING:

X _____ nights \$ _____

Room Types	Before Early Bird (July 31, 2015)		After Early Bird	
	Single occupancy	Double/Twin occupancy	Single occupancy	Double/Twin occupancy
Run-of-House (per room / night)	<input type="checkbox"/> USD \$80	<input type="checkbox"/> USD \$80	<input type="checkbox"/> USD \$100	<input type="checkbox"/> USD \$100

Night of: 2015/11/11 2015/11/12 2015/11/13 2015/11/14 2015/11/15 2015/11/16