

IC^{OL} Membership Application

IMPLANT EDUCATION FOR THE TOTAL DENTAL TEAM

ID # _____

NAME *(As you wish it to appear on membership certificates, website listing, etc.)*

AGD # _____

First _____ Initial(s) _____ Last _____ Degrees _____

ADDRESS

Practice/Business Name _____

Office Address _____ Suite _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-Mail _____

Web Address: <http://www.> _____

Home Address _____ City _____ State _____ Zip _____

Cell _____ Personal E-Mail _____

Primary Address: Office Home *(for membership website listing, publications and membership mailings)*

EDUCATION

Dental School _____ Degree(s) _____ Date rec'd _____

Technology School _____ Degree(s) _____ Date rec'd _____

Graduate School _____ Degree(s) _____ Date rec'd _____

Specialty _____ Boarded? Yes No

Endodontist Generalist Oral & Maxillofacial Surgeon Periodontist Prosthodontist

Lab Technician Industry Personnel Full-Time Faculty Member

EXPERIENCE IN IMPLANT DENTISTRY

Implant continuing education hours in last 3 years: _____

Experience in implant dentistry: less than 10 cases 25–50 cases more than 100 cases

Involvement with implant dentistry: Surgery Prosthetics Periodontics/Maintenance Technology

Academic Other _____

IMPLANT EDUCATION FOR THE TOTAL DENTAL TEAM

U.S. Membership Application continued

ANNUAL U.S. MEMBERSHIP DUES INCLUDE:

- Bi-monthly subscription to our peer reviewed journal, *Implant Dentistry*
- Sixteen year on-line archive of journal articles, published in *Implant Dentistry*
- ICOI's *Glossary of Implant Dentistry II*, a comprehensive guide to implant terminology
- International certification program: Fellowship, Mastership and Diplomate credentials
- Multiple prosthetic patient consent and communication forms to use in your practice daily
- Quarterly subscription to *ICOI World News*, our international societal newsletter
- ICOI membership listing and link to your practice at www.icoi.org
- Special member discounts to ICOI's solely sponsored meetings
- Discounts on a wide range of textbooks and patient education materials
- Two (2) certificates of membership - ICOI and IPS (Implant Prosthetic Section)

MEMBERSHIP CATEGORY SELECTION

(Please check the appropriate category)

ANNUAL MEMBERSHIP DUES

- | | | |
|---------------------------------------|--|----------|
| <input type="checkbox"/> CATEGORY I | Dental Practitioner | \$350.00 |
| <input type="checkbox"/> CATEGORY II | Full-Time University Faculty/Military | \$200.00 |
| <input type="checkbox"/> CATEGORY III | Laboratory Technicians, Research or Industry Personnel, Recent Graduate
(valid for 3 years post training) | \$150.00 |
| <input type="checkbox"/> CATEGORY IV | Pre-doctoral or Graduate Student
<i>projected graduation date:</i> _____ | \$100.00 |

TOTAL AMOUNT ENCLOSED \$ _____

PAYMENT INFORMATION: Promotion Code: _____

Checks: Please make checks payable to the ICOI in US funds and mail to the address below

Credit Cards: Please complete the following information and fax both sides of this form to: (973) 783-1175

- MasterCard Visa American Express

Card # _____ Exp. Date _____ Billing Zip Code _____

Signature _____



RETURN THIS APPLICATION WITH YOUR MEMBERSHIP DUES TO THE ICOI CENTRAL OFFICE:

248 Lorraine Avenue • Upper Montclair, NJ 07043 • p: (888) 449-4264 / (800) 442-0525 • fax: (973) 783-1175

e-mail: berg@icoi.org • Visit ICOI's website for complete information: www.icoi.org

FOR MEMBERSHIP QUESTIONS, PLEASE CALL TOLL-FREE: 1-888-449-4264