

ICOI Membership Application

EMPOWERING IMPLANT TEAMS WITH COMPREHENSIVE TECHNICAL AND PATIENT EDUCATION WORLDWIDE

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 _____

HOW DID YOU LEARN ABOUT THE ICOI?

Member referral (specify) _____ E-mail Internet Direct mail

Publication Course _____ Other _____

ANNUAL U.S. MEMBERSHIP DUES INCLUDE:

- Bi-monthly journal, *Implant Dentistry* and online archive of over 1800 articles
- Monthly practitioner webinars
- *ICOI Concepts* - shared knowledge via clinical updates and pearls
- Multiple national and international implant symposia (member discounts)
- Exclusive “MEMBERS ONLY” webpage - archived webinars and *ICOI Concepts*, practice resources, 1600 implant definitions, educational tools... and more
- ICOI’s *Glossary of Implant Dentistry II and CD-ROM* - comprehensive guide to implant terminology
- International certification program: Fellowship, Mastership and Diplomate credentials
- Multiple prosthetic patient consent and communication forms
- Quarterly *ICOI World News*
- Professional and Patient Education - www.dentalimplants.com
Patient knowledge increases case acceptance, potential patients locate ICOI members and link to their practices
- Two (2) certificates of membership - ICOI and IPS (Implant Prosthetic Section)

MEMBERSHIP CATEGORY SELECTION

(Please check the appropriate category)

ANNUAL MEMBERSHIP DUES

Valid for 12 months

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

TOTAL AMOUNT ENCLOSED \$ _____

PAYMENT INFORMATION: Promotion Code: P-Net

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, 2nd floor • Upper Montclair, NJ 07043 • p: (888) 449-4264 / (800) 442-0525

f: (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