

SYMPOSIUM REGISTRATION FORM

THE 8TH ANNUAL IMPLANT PROSTHODONTIC SYMPOSIUM

August 19-21, 2005 • Chicago Marriott Downtown • Chicago, Illinois

NAME (Please Print) _____

STREET _____ COUNTRY _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ FAX () _____

E-MAIL _____

REGISTRATION FEES

AMOUNT USD

SCIENTIFIC SESSION	ICOI Member	Non-Member	
PRACTITIONER	\$500	\$650	\$ _____
New Member Discounted Rate:* \$250 (You must join the ICOI to receive this one-time only rate. Please call 1-888-449-4264)			\$ _____
LABORATORY TECHNICIAN	\$225	\$300	\$ _____
FULL-TIME FACULTY (must submit verification of full-time status with registration)	\$300	\$350	\$ _____
FULL-TIME STUDENT (must submit verification of full-time status with registration)	\$150	\$175	\$ _____

PRE-SYMPOSIUM - August 18th - Full-Day: The First Step™ \$300 Drs. Chen & Cha: \$895
 Drs. Garg & Petrungaro: \$975 Drs. Smiler & Soltan: \$625 **Half-Day: AM:** Dr. Gittelsohn: \$375
 Dr. Locante: \$250 **PM:** Drs. Hall, Minichetti & Valen: \$210 Dr. Misch: \$375 \$ _____

AUXILIARY - August 19th & 20th - Member - \$250 Non-Member - \$300 \$ _____
 DHICP PMICP DAICP Name _____

ACCOMPANYING PERSON / GUEST - \$125 Name _____ \$ _____

DIPLOMATE / MASTER / FELLOWSHIP AWARDS COCKTAIL RECEPTION - August 20th \$ _____
Credential recipients and one (1) guest are gratis. ___ additional guests x \$25 per person (non-refundable)

TOTAL AMOUNT USD: Cancellation after July 18th, 2005 will be subject to a 25% administrative fee. \$ _____

* **New member rate includes scientific session only.** It does not include pre-symposium courses, Saturday reception, staff or accompanying person programs.

METHOD OF PAYMENT

You may also fax your registration form to (973) 783-1175

CHECKS: Please make checks payable to the **ICOI** in US funds and mail to:
ICOI • 248 Lorraine Ave., 3rd fl. • Upper Montclair, NJ 07043 • USA • (973) 783-6300 • 1-800-442-0525

CREDIT CARD: MC Visa Amex Card Number _____

Signature _____ Exp. Date _____