

8th ANNUAL DENTAL IMPLANT SYMPOSIUM

Newest Innovations in Implant Therapy

Moderated by Scientific Chairman Dr. Dennis Tarnow and Dr. Kenneth Judy

Friday, December 8, 2017

Columbia University Morningside Campus - Lerner Hall

2920 Broadway (at W. 115th Street), New York, NY



7:55 a.m. to 5:30 p.m. (check-in at 7:30 a.m.)

PRELIMINARY SPEAKER LIST:

Dr. Peter Borsay (Germany) • Dr. Joseph Carpentieri (USA – New York) • Prof. Hugo De Bruyn (Belgium)
Dr. David Garber (USA - Georgia) • Dr. Salah Huwais (USA - Michigan) • Dr. Massimo Simion (Italy)
Dr. John Sorensen (USA - Washington) • Dr. Homa Zadeh (USA - California)

For more information please contact the ICOI Central Office at
(973) 783-6300 or visit our website at www.icoi.org

ADA CERP®

Continuing Education
Recognition Program

Columbia University College of Dental Medicine is an ADA CERP Recognized Provider 11/1/13 through 12/31/17. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between Columbia University College of Dental Medicine and the ICOI.

This course satisfies the continuing implant education hours requirement for Fellowship, Mastership, and/or Diplomate status in the ICOI.

REGISTRATION FORM

8th Annual Columbia University/ICOI Dental Implant Symposium
Friday, December 8, 2017 • New York, NY

NAME (Please Print) _____

STREET _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE _____ FAX _____

E-MAIL _____ AGD# _____

SCIENTIFIC SESSION (8 Credit Hours)

TUITION

Practitioner: ICOI Member/Columbia Dental Alumni.....\$375 \$ _____

Practitioner: Non-Member\$475 \$ _____

Columbia Dental Faculty.....\$275 \$ _____

(Must submit verification of faculty status with registration)

Full-Time Student: (Non-Columbia)\$175 \$ _____

(Must submit verification of full-time status with registration)

TOTAL AMOUNT USD \$ _____

Cancellation Policy: 50% of registration fee will be refunded if requested on or before November 16, 2017. 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.

REGISTRATION AND PAYMENT

Three Ways to Register:

1. Online at **www.icoi.org**

2. Credit Card: Complete information below and fax to **(973)783-1175**.

MasterCard Visa Amex

Card Number _____ Exp. _____ CVV No. _____

Signature _____ Billing Zip Code _____

3. Mail: Please make checks payable in US funds to ICOI and mail to:

55 Lane Road, Suite 305, Fairfield New Jersey 07004, USA. (973) 783-6300