



# EVENT IS NOW VIRTUAL

PREVIOUSLY SCHEDULED IN BOSTON

# ICOI WINTER IMPLANT SYMPOSIUM FEBRUARY 18-20, 2021

# FOCUS ON TECHNOLOGY

**ADA CERP**® | Continuing Education  
Recognition Program

ICOI is an ADA CERP Recognized Provider. 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 CE provider may be directed to the provider or to ADA CERP at [www.ada.org/cerp](http://www.ada.org/cerp).



ICOI is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from April 1, 2018 to March 31, 2021. Provider ID# 217378

# ICOI WINTER IMPLANT SYMPOSIUM - REGISTRATION FORM

FEBRUARY 18-20, 2021 • VIRTUAL MEETING

ICOI ID# \_\_\_\_\_ Family Name (Surname) - *Please print or type* \_\_\_\_\_ First Name - *Please print or type* \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## REGISTRATION FEES *One form per registrant please.*

*Registration includes scientific session only.*

**Practitioner:**  \$450 ICOI Member  
 \$525 Non-Member

**Laboratory Technician:**  \$190 ICOI Member  
 \$240 Non-Member

**Full-Time Faculty:**  \$205 ICOI Member  
*(must submit faculty credentials with registration)*  \$250 Non-Member

**Full-Time Student:**  \$150 ICOI Member  
*(must submit full-time status with registration)*  \$200 Non-Member

## AWARD CEREMONY:

**Award Being Receiving:**  Fellowship  Mastership  Diplomat

## METHOD OF PAYMENT

### TOTAL AMOUNT USD:

\$ \_\_\_\_\_

### THREE WAYS TO REGISTER:

1. Online at **www.icoi.org**
2. Credit Card: Complete information below & fax to **973-783-1175**
3. Mail (make checks payable in US funds to ICOI):  
55 Lane Road, Suite 305, Fairfield, NJ 07004 ph: (973) 783-6300

### CANCELLATION POLICY:

50% of registration fee will be refunded if requested on or before February 5, 2021. 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**.

**CREDIT CARD:**  MasterCard  Visa  American Express

Card Number: \_\_\_\_\_

Billing Zip: \_\_\_\_\_ CVV No: \_\_\_\_\_ Exp: \_\_\_\_\_