10th ANNUAL DENTAL IMPLANT SYMPOSIUM
New Techniques for Improving Outcomes and Predicting Success
Moderated by Dr. Dennis Tarnow and Dr. Kenneth W.M. Judy

Friday, December 13, 2019
Columbia University Morningside Campus • Lerner Hall
2920 Broadway (at W. 115th Street), New York City

8:00 a.m. to 5:30 p.m.  (check-in desk opens 7:30 a.m.)

SPEAKERS:
Dr. Marcus Abboud  •  Dr. John Cavallaro  •  Dr. Helena Francisco  •  Dr. Ole T. Jensen
Dr. Michael Klein  •  Dr. Ernesto Lee  •  Dr. José Carlos Martins da Rosa  •  Dr. Frank Tuminelli

Registration: ICOI Central Office
Tel: (973) 783-6300  •  Register online at www.icoi.org  •  Fax: (973) 783-1175

Program inquiries: Columbia University CDM CE Office
Tel: (212) 305-7124  •  www.dental.columbia.edu/ce

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

10th Annual Columbia University / ICOI Dental Implant Symposium
Friday, December 13, 2019 • 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 20, 2019. 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 1 (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. Tel: (800) 442-0525 / 1 (973) 783-6300