

# CONTEMPORARY IMPLANT DENTISTRY - REGISTRATION FORM

MAY 3-8, 2021 • FRANKFURT 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.*

**6-DAY ONLINE COURSE**  **1.200 EUR**

*Includes access to the recording of the course*

**FOR GROUPS (MIN. 10 PARTICIPANTS)**  **950 EUR**

**6-DAY ONLINE COURSE**

*Includes access to the recording of the course*

**Award Being Receiving:**  Fellowship  Mastership  Diplomate

## METHOD OF PAYMENT

**TOTAL AMOUNT EUR:**

€ \_\_\_\_\_

### TWO WAYS TO REGISTER:

1. Email [manuela@icoi.org](mailto:manuela@icoi.org) with completed form or for any inquiries
2. Contact **+49 7251 9369927** with any further questions

**DISCOUNT CODE:** \_\_\_\_\_

**CREDIT CARD:**  MasterCard  Visa

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

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