



The Sheraton San Diego Hotel & Marina

1380 Harbor Island Dr. San Diego, CA 92101 January 25-27, 2024



ICOI WINTER IMPLANT SYMPOSIUM - REGISTRATION FORM

January 25-27, 2024 | The Sheraton San Diego Hotel & Marina | San Diego, CA

ICOI ID# Family Name	ID# Family Name (Surname) - Please print or type		First Name - Please print or type		
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Street Address					
ity State/Province		Zip Code	Country		
Phone	E-Mail			AGD#	
REGISTRATION FEES One for	orm per registrant plea	se.			
Registration includes scientific session	only. It does not include	e Pre-Symposium courses.			
	On/Before	After			
	November 30, 2023	November 30, 2023	On Site		
Practitioner:	\$1,045	\$1,170	\$1,275	ICOI Member	
	1 \$1,225	1 \$1,325	1 \$1,425	Non-Member	
Laboratory Technician:	\$625	\$7 00	\$850	ICOI Member	
-	 \$800	\$875	1 ,025	Non-Member	
Full-Time Faculty:	 \$575	□ \$675	3 \$750	ICOI Member	••••••
(must submit faculty credentials with registration)	 \$725	\$775	\$850	Non-Member	
Full-Time Student:	\$395	\$475	\$550	ICOI Member	
(must submit full-time status with registration)	\$495	 \$575	1 \$650	Non-Member	
AWARD CEREMONY: Saturday, Janu	ary 27, 2024	Award Receiv	ring: Tellowship A	Nastership	
ACCOMPANYING PERSONS: Nu Admittance to scientific session not included.	mber of people attendin	g at \$225 USD each:	\$		
Administration of Scientific Session for inclosed.					
PRE-SYMPOSIUM COURSES: Thur	sday, January 25th. Ple	ase visit www.icoi.org for	details.		
METHOD OF PAYMENT					
			WAYS TO REGIST	TER:	
TOTAL AMOUNT USD:			1. Online at www.icoi.org		
\$			2. Credit Card: Comple	te information below & fax to 973-783-1175	
			•	ayable in US funds to ICOI):	
			55 Lane Roda, Sulfe C	305, Fairfield, NJ 07004 ph: (973) 783-6300	
CANCELLATION POLICY: 50% of registration fee will be refunded if requested on or before December 15, 2023. 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 Amex		
			Card Number:		
			Billing Zip: CVV No: Exp:		

* All on-site payments must be made by credit card or in cash (USD)