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

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 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