

ICOI Membership Application

THE WORLD LEADER IN IMPLANT EDUCATION FOR THE ENTIRE DENTAL TEAM

Last Name / Surname _____ Date of Birth ____ / ____ / ____ Male Female
mm dd yy

First _____ Middle Name / Initial(s) _____ Degrees _____

Practice/Business Name _____

Office Address: _____ Suite _____

City/Province _____ State _____ Country _____ Postal Code _____

Telephone _____ Fax _____ E-mail _____

Web Address: <http://www.> _____

Specialty _____ Boarded? Yes No

License # _____ Country of Licensure _____

- Generalist Oral & Maxillofacial Surgeon Periodontist Prosthodontist Endodontist
 Lab Technician Industry Personnel Military Personnel Full-Time Faculty Member

INTERNATIONAL MEMBERSHIP DUES - Valid for 12 months

International dues vary from country to country, depending on economic conditions.

For specific dues information, please E-mail the ICOI Central Office at icoi@dentalimplants.com.

- Dentist: \$275 Full-Time Faculty: \$150 (please attach copy of ID) Laboratory Technician: \$150

Dues Amount: \$ _____

Name of Affiliate Society (if applicable): _____

PAYMENT INFORMATION

- MasterCard Visa American Express

We accept MasterCard, Visa and American Express payments via facsimile. Please complete the following and fax this form to: (973) 783-1175.

Card # _____ Exp. Date _____ CVV # _____

Signature _____

You may also send payment in U.S. dollars on an international money order, a postal money order or a check drawn on a U.S. bank.

RETURN THIS APPLICATION WITH YOUR MEMBERSHIP DUES TO THE ICOI WORLD HEADQUARTERS:

55 Lane Road, Suite 305, Fairfield, NJ 07004 USA • p: (973) 783-6300 • f: (973) 783-1175 • E-mail: icoi@dentalimplants.com

FOR COMPLETE MEMBERSHIP INFORMATION VISIT ICOI'S WEBSITE: WWW.ICOI.ORG