

ICOI Membership Application

EMPOWERING IMPLANT TEAMS WITH COMPREHENSIVE TECHNICAL AND PATIENT EDUCATION WORLDWIDE

NAME

(As you wish it to appear on membership certificates, website listing, etc.)

AGD # _____

License # _____ Country of Licensure _____

First _____ Initial(s) _____ Last _____ Degrees _____

ADDRESS

Practice/Business Name _____

Office Address _____ Suite _____

City _____ State/Province _____ Zip _____

Telephone _____ Fax _____

E-mail _____ Date of Birth _____

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

Home Address _____ City _____ State _____ Zip _____

Cell _____ Personal E-mail _____

Primary Address: Office Home (for membership website listing, publications and membership mailings)

EDUCATION

Dental School _____ Degree(s) _____ Date rec'd _____

Technology School _____ Degree(s) _____ Date rec'd _____

Graduate School _____ Degree(s) _____ Date rec'd _____

Specialty _____ Boarded? Yes No

Endodontist Generalist Oral & Maxillofacial Surgeon Periodontist Prosthodontist

Lab Technician Industry Personnel Full-Time Faculty Member

EXPERIENCE IN IMPLANT DENTISTRY

Implant continuing education hours in last 3 years: _____

Experience in implant dentistry: less than 10 cases 25-50 cases more than 100 cases

Involvement with implant dentistry: Surgery Prosthetics Periodontics/Maintenance Technology

Academic Other _____

HOW DID YOU LEARN ABOUT THE ICOI?

Member referral (specify) _____ E-mail Internet Direct mail

Publication Course _____ Other _____

ANNUAL MEMBERSHIP DUES INCLUDE:

- Bi-monthly/Mobile journal, *Implant Dentistry* available on iPhone, iPad, eAlerts and online full text of every article since 1992
- Monthly complimentary webinars that are also archived online
- Multiple national and international implant symposia (member discounts)
- Exclusive MEMBERS ONLY websites - archived webinars, practice resources, 1600 implant definitions, educational tools, and more...via www.icoi.org and www.dentalimplants.com
- ICOI's Digital Glossary of Implant Dentistry - comprehensive digital guide to implant terminology - access online at www.icoi.org
- ADVANCED CREDENTIALING programs: Fellowship, Mastership and Diplomate credentials
- Quarterly Newsletter: *ICOI World News*
- Multiple prosthetic patient consent and communication forms to use in your practice daily
- Professional and Patient Education - www.dentalimplants.com. Patient knowledge increases case acceptance, valuable link to ICOI members' practices

MEMBERSHIP CATEGORY SELECTION

(Please check the appropriate category)

ANNUAL MEMBERSHIP DUES

Valid for 12 months

- CATEGORY I** Dental Practitioner.....\$350.00
- CATEGORY II** Full-Time University Faculty/Military (Please attach copy of ID).....\$200.00
- CATEGORY III** Laboratory Technicians, Research or Industry Personnel,
Recent Graduate (valid up to 3 years from graduation date).....\$150.00
- CATEGORY IV** Pre-doctoral or Graduate Student.....\$100.00
projected graduation date: _____

TOTAL AMOUNT ENCLOSED \$ _____

PAYMENT INFORMATION:

Checks: Please make checks payable to the ICOI in US funds and mail to the address below

Credit Cards: Please complete the following information and fax both sides of this form to: (973) 783-1175

- MasterCard Visa American Express

Card # _____ Exp. Date _____ CVV No. _____

Signature _____ Date _____ Billing Zip Code _____



RETURN THIS APPLICATION WITH YOUR MEMBERSHIP DUES TO THE ICOI CENTRAL OFFICE:

55 Lane Road, Suite 305 • Fairfield, NJ 07004 • p: (973) 783-6300 / (800) 442-0525

f: (973) 783-1175 • membership@icoi.org • Visit ICOI's website for complete information: www.icoi.org

FOR MEMBERSHIP QUESTIONS, PLEASE CALL TOLL-FREE: 1-800-442-0525