INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGISTS

EMPOWERING IMPLANT TEAMS WITH COMPREHENSIVE TECHNICAL AND PATIENT EDUCATION WORLDWIDE

Membership Application

INTERNATIONAL Membership

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 ***membership@icoi.org****.*

☐ 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 CENTRAL OFFICE:

55 Lane Road, Suite 305, Fairfield, NJ 07004 • Phone: 973-783-6300 / 800-442-0525 • Fax: 973-783-1175
membership@icoi.org • Visit www.icoi.org for complete information

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

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