International Congress of Oral Implantologists

EMPOWERING IMPLANT TEAMS
with Education Worldwide

www.ICOI.org • (800) 442-0525
International Congress of Oral Implantologists (ICOI) founded in 1972, is the world's largest professional organization dedicated to implant dentistry. Our membership includes general dentists, oral & maxillofacial surgeons, periodontists, prosthodontists, endodontists, orthodontists, laboratory technicians and others interested in the field of implant dentistry. ICOI empowers implant teams with comprehensive technical and patient education worldwide. Currently we represent over 15,000 dentists worldwide and have multiple worldwide annual symposia with discounted rates for members. ICOI’s primary mission has always been to globally educate all implant team members with the highest quality of practical and scientific education—be it prosthetic, surgical, technical or team education.

COMPREHENSIVE IMPLANT EDUCATION FOR ALL

Advance your skills, and remain on the cutting edge of implant dentistry:

- Webinars, online resources, publications – online and mobile
- National and International Symposia
- Digital Implant Glossary
- Animations to educate patients in your practice
- Free online education via ICOI’s Preferred Partners
- Credentials that distinguish your practice
- ICOI helps recognize Dedication, Qualifications, Training & Experience
- Invaluable Patient and Professional Education – www.dentalimplants.com
  - Features videos, Q & A's, a valuable link for patients to contact your practice
  - Quality patient knowledge increases acceptance
  - Professional resources to aid practices and enhance education

ICOI’s Advanced Credentials Commission has credentialed more than 10,000 Fellows, Masters and Diplomates worldwide.
**Proven Results:** ICOI is the world’s largest implant education organization & the world’s largest provider of continuing dental implant education. ICOI makes surgical and prosthetic advancements and techniques easily accessible resulting in increased patient acceptance, more referrals, and practice growth all while continuing to add member benefits annually.

**ICOI:** An interactive society open to all General Dentists, Oral & Maxillofacial Surgeons, Periodontists, Prosthodontists, Endodontists, Orthodontists, Assistants, Hygienists, Office Management, Laboratory Technicians, Academicians, Students, Industry Personnel and Patients.

**Restorative Practitioners:** ICOI is the original and remains the only implant organization committed to prosthetic implant education. ICOI believes that Implant Dentistry is a prosthetic discipline with a surgical component. We provide the knowledge and resources to enhance your practice goals and aspirations as well as add value for your patients.

**Surgical Practitioners:** ICOI recognizes your need for continuous updates in surgical technology, innovative techniques and their clinical applications. We also provide assistance and communication tools to elevate and increase the success of the team approach.

**Laboratory Technicians:** Technicians and dentists are joined together to elevate implant prosthetic standards, skills and techniques. If you are committed to enhancing your knowledge, you will feel at home as an ICOI member united with others by common beliefs.

**Auxiliaries:** ICOI’s component society, the Association of Dental Implant Auxiliaries (ADIA), is dedicated to continuing education and certification for all office management and clinical team members. Communication and cooperation between all inter-office and referral team members is paramount.

**Patient Education:** Accurate, high quality and online public education translates to increased acceptance, practice growth and enhanced patient-office communication preventing miscommunication.
ICOI Membership Benefits Enrich Your Implant Education

MULTIPLE Local, National, & International SYMPOSIA
- World Class Speakers
- Member Discounts
- Hands-on Courses
- Auxiliary Training & Certification Programs
- Table Clinic/Poster Case Presentations
- ICOI Awards Ceremony & Reception
- Support for Young Implantologists through recognition, exposure and mentorship

IMPLANT DENTISTRY RESEARCH AND EDUCATION FOUNDATION (IDREF)
The mission of IDREF is to encourage, to support and to acknowledge innovations in the field of implant dentistry through the sponsorship of research and educational programs.

IMPLANT DENTISTRY
ICOI’s Bi-Monthly and Mobile Journal available on iPhone, iPad, eAlerts & archives online.

CUSTOMIZED PATIENT EDUCATION VIDEOS
Dear Doctor, a provider of consumer and healthcare information, created these high quality patient-education videos for ICOI members. The videos are personalized for your dental practice. You can use them as a promotional tool on your practice website, Facebook page, or practice blog to showcase your practice of implant dentistry.

ANIMATIONS
Available annually for ICOI members to use in their offices for patient education and a treatment planning component as well.

MONTHLY COMPLIMENTARY WEBINARS
All archived online.

ICOI’S DIGITAL GLOSSARY OF IMPLANT DENTISTRY
Comprehensive digital guide to implant terminology, 1,600 terms defined, classifications, charts, diagrams & critical parameters. Constantly updated.

MULTIPLE PROSTHETIC PATIENT CONSENT & COMMUNICATION FORMS to use in your practice daily. Online.

“It is not only important to have extensive training during an early learning curve in implant dentistry, but also on-going and accessible education is extremely critical during an entire career. This is necessary for all members of the implant team (specialists, generalists, assistants, hygienists, dental technicians and even patients).”

Carl E. Misch, DDS, MDS
In an effort to help our members engage patients and grow their practices, the International Congress of Oral Implantologists is introducing a new benefit for ICOI member dentists: Personalized patient-education videos produced by Dear Doctor Inc. Each video explores the exciting and beneficial technology of dental implants in easy-to-understand terminology. Best of all, these videos are free to you as an ICOI member!

The videos include:

- Dental Implants — High-Tech Teeth
- How to Choose an Implant Dentist
- Are You a Candidate for Dental Implants?
- Dental Implant FAQs
- Consequences of Missing Teeth

Also a new series of Animations are now available to all ICOI members who pay full dues.

"All general practitioners, their practices, teams and patients can benefit tremendously from ICOI’s unique educational updates, webinars, and meetings. ICOI’s education in all areas of implant dentistry is unique and essential to the continued growth of Implantology and the delivery of excellent oral care to the public."

Dr. Gordon Christensen, ICOI Diplomate
DISTINGUISH YOURSELF THROUGH ICOI CREDENTIALS

Applying for credentials symbolizes recognition of your dedication, qualifications, your implant training, and experience to your colleagues and potential implant patients!

ICOI has three voluntary credentialing programs:

- ICOI Fellowship
- ICOI Mastership
- ICOI Certified Diplomate

The Advanced Credentials Committee carefully developed the ICOI’s three credentialing levels. The ICOI Credentials requirements “raise the bar” so that we may establish a “common certification program” for all implant dentists around the world who wish to participate in voluntary recognition programs. The different levels of membership in the ICOI, the pre-requisite conditions, applicant criteria and requirements with detailed instructions, applications and documentation forms at each level are all available online at www.icoi.org. Additionally, there is a case documentation form that will assist candidates in presenting uniformly documented cases.

“...the half life of our non core implant educational material is less than 3 years. As a result, it is imperative that implant education be an ongoing journey. The ICOI is the world’s largest provider of continuing dental implant education and an excellent venue to advance your skills and help you remain on the cutting edge.”

Michael A. Pikos, DDS
EMPOWERING IMPLANT TEAMS WITH COMPREHENSIVE TECHNICAL AND PATIENT EDUCATION WORLDWIDE

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

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<thead>
<tr>
<th>CATEGORY</th>
<th>DESCRIPTION</th>
<th>ANNUAL MEMBERSHIP DUES</th>
</tr>
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<tbody>
<tr>
<td>I</td>
<td>Dental Practitioner</td>
<td>$350.00</td>
</tr>
<tr>
<td>II</td>
<td>Full-Time University Faculty/Military (Please attach copy of ID)</td>
<td>$200.00</td>
</tr>
<tr>
<td>III</td>
<td>Laboratory Technicians, Research or Industry Personnel, Recent Graduate (valid up to 3 years from graduation date)</td>
<td>$150.00</td>
</tr>
<tr>
<td>IV</td>
<td>Pre-doctoral or Graduate Student</td>
<td>$100.00</td>
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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
MEMBERSHIP APPLICATION

NAME:  (As you wish it to appear on membership certificates, the internet directory, etc.)

First ___________________  Initial(s) ____________ Last ______________________________ Degree(s) _____________________

Home Address ________________________________________________________________________________________________________________

City ____________________________________________ State _______________________ Zip ___________________ Country _________________

Telephone  ___________________________________ Fax _____________________________________ Date of Birth ___________________________

Personal E-mail ________________________________________________________________________________________________________________

Practitioner’s Name ____________________________________________________________________________________________________________

Office Address ________________________________________________________________________________________________________________

City ____________________________________________ State _______________________ Zip ___________________ Country _________________

Telephone ____________________________________ Fax _____________________________________ E-mail _______________________________

EDUCATION:

High School __________________________________________________________  Degree _________________________  Date __________________

College ______________________________________________________________  Degree _________________________  Date __________________

Graduate ____________________________________________________________  Degree _________________________  Date __________________

PLEASE LIST ANY ADDITIONAL FORMAL TRAINING/EDUCATION:

______________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________________

DENTAL EXPERIENCE:

• How many years have you worked in the dental field? ________________________________________________________________________

• What is your present position? __________________________________________________________________________________________

• Do you now or have you ever worked in a facility associated with dental implants?  □ Yes  □ No

• If yes, how many years? ___________________  Position ________________________________________________________________________

License # (if applicable)______________________________

ASSOCIATION OF DENTAL IMPLANT AUXILIARIES

INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGISTS
ASSOCIATION OF DENTAL IMPLANT AUXILIARIES is a component society of the International Congress of Oral Implantologists. As the number of dental implant practices in the world grows and develops, there is a need for auxiliaries to do the same. A goal of our association is to introduce education related to implants into your practice or increase your implant practice as a “team.” The main purpose of the ADIA is to develop educational criteria and training for certification and to provide an organized vehicle for auxiliaries to contribute to the field of oral implantology/implant dentistry.

PLEASE LIST OTHER PROFESSIONAL SOCIETIES OF WHICH YOU ARE CURRENTLY A MEMBER. INCLUDE YOUR INVOLVEMENT (E.G. MEMBER, SPEAKER, OFFICER, ETC.):

<table>
<thead>
<tr>
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BENEFITS INCLUDE:

- Continuing Education Units
- Certification Programs
- ADIA Webinars
- Access to archive of implant dentistry articles
- ICOI’s Digital Glossary of Implant Dentistry, a comprehensive guide to implant terminology
- ADIA’s Guide to Simplifying Implant Dentistry – a digital handbook
- Newsletters and digital journals
- Discounted tuition to all ADIA and ICOI sponsored programs
- Mentoring by experienced professionals in the field of implant dentistry
- ICOI/ADIA website membership listing at icoi.org
- Lecturing and publishing opportunities
- A network of colleagues to associate with and share experiences

ANNUAL MEMBERSHIP DUES: $50.00

PAYMENT:

☐ Check (please make check payable to ADIA)
☐ Visa   ☐ Mastercard   ☐ American Express

Card No. ________________________________ Exp. Date ________ CVV No. ______________

Signature __________________________________________________________ Date ____________

Return this application with your payment in U.S. funds to:

ASSOCIATION OF DENTAL IMPLANT AUXILIARIES
ADIA, Dr. Avi Schetritt, Executive Director • 55 Lane Road, Suite 305 • Fairfield, New Jersey 07004
p: (973) 783-6300 • f: (973) 783-1175 • icoi@dentalimplants.com
Last Name / Surname ____________________________________________ Date of Birth _____ / _____ / _____  □ Male  □ Female
First ___________________________________________ Middle Name / Initials _____________ Degrees _________________________
Practice/Business Name __________________________________________________________________________________________
Office Address: ____________________________________________ Suite ____________________
City/Province __________________________ State _______ Country _______________ Postal Code ____________
Telephone ___________________________ Fax __________________________ E-mail __________________________
Web Address: ________________________________________________________________________________________________
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
ICOI’s primary mission to serve the public has always been achieved by globally educating all implant team members with the highest quality of practical and scientific education…be it prosthetic, surgical, technical or auxiliary education.