



ADIA

ICOI Summer Implant Prosthetic Symposium

CHICAGO Illinois

August 21-23, 2014

Hyatt Regency McCormick Place Hotel and Convention Center



The theme for this meeting will be “Implant Failures”

Pre-Symposium Courses: Thursday Morning, August 21, 2014

Train your team with our 2½ day Auxiliary Program with certifications

**For more information contact the ICOI Central Office at
(973) 783-6300 or visit our website at www.icoi.org**

ADA CERP® | Continuing Education Recognition Program

ICOI is an ADA CERP Recognized Provider. 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 CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.



ICOI is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from April 1, 2014 to March 31, 2018. Provider ID# 217378.

Photos courtesy of the Chicago Tourism Bureau, Todd Rosenberg, Ron Schramm & Mike Gustafson

REGISTRATION FORM

ICOI SUMMER IMPLANT PROSTHETIC SYMPOSIUM

August 21-23, 2014 • McCormick Place Convention Center

Pre-Symposium Courses: Thursday Morning, August 21st

ICOI ID# _____ Family Name (Surname) - Please print or type _____ First Name - Please print or type _____

Street Address _____

City _____ State/Province _____ Zip Code _____ Country _____

Phone _____ E-Mail _____ AGD# _____

REGISTRATION FEES

SCIENTIFIC SESSION

* If you are an ICOI member who has never attended a meeting, you would be eligible for the New Member discounted rate.

New Member rate includes scientific session only. It does not include Pre-Symposium Courses, Award Ceremony, Auxiliary or Accompanying Persons programs.

	On/Before July 1, 2014	After July 1, 2014	
New Member: <i>New Members must join first. Please complete membership application with this registration.</i>	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575	
Practitioner:	<input type="checkbox"/> \$650 <input type="checkbox"/> \$825	<input type="checkbox"/> \$750 <input type="checkbox"/> \$925	ICOI Member Non-Member
Laboratory Technician:	<input type="checkbox"/> \$295 <input type="checkbox"/> \$395	<input type="checkbox"/> \$325 <input type="checkbox"/> \$425	ICOI Member Non-Member
Full-Time Faculty: <i>(must submit faculty credentials with registration)</i>	<input type="checkbox"/> \$295 <input type="checkbox"/> \$395	<input type="checkbox"/> \$325 <input type="checkbox"/> \$425	ICOI Member Non-Member
Full-Time Student: <i>(must submit full-time status with registration)</i>	<input type="checkbox"/> \$150 <input type="checkbox"/> \$225	<input type="checkbox"/> \$200 <input type="checkbox"/> \$275	ICOI Member Non-Member

AUXILIARY SESSION: ADIA Member: \$295 ADIA Non-Member: \$395
Please Choose One: Hygiene Management Assisting Coordinator

ACCOMPANYING PERSONS: \$ _____
 \$125 per person (admittance to scientific session or ADIA programs not included)

AWARD CEREMONY: Friday, August 22nd \$ _____
 Those receiving credentials and one (1) guest are complimentary.
 Additional guests are \$25 each (**non refundable**)
Award Being Received: Fellowship Mastership Diplomate

PRE-SYMPOSIUM COURSES: Thursday, August 21st Dr. Scherer (Zest): Gratis
 Dr. Kim (Dentis): \$295 Dr. Russo (Salvin): \$225 Dr. Moody (BioHorizons): Gratis
 Drs. Goldenberg and Romanos (Dentsply): Gratis Dr. Pulec (Consult-Pro): Gratis
 Drs. Misch and Resnick (Misch International Implant Institute): \$275

METHOD OF PAYMENT

TOTAL AMOUNT USD: \$ _____

Cancellation Policy:

50% of registration fee will be refunded if requested on or before August 1, 2014. 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.

THREE WAYS TO REGISTER:

1. Online at www.icoi.org
2. Credit Card: Complete information below and fax to **(973) 783-1175**
3. Mail (make checks payable in US funds to ICOI):
 1700 Route 23 North, Suite 360
 Wayne, New Jersey 07470
 phone: (973) 783-6300

CREDIT CARD:

MasterCard Visa American Express

Credit Card Number: _____

Billing Zip Code: _____ CVV No: _____

Exp. Date: _____ / _____
 month year

Hyatt Regency McCormick Place Hotel
 2233 S. Dr Martin Luther King Jr Dr, Chicago, IL
 ICOI group discounted rate of \$183 single/double
 Reservations: (312) 567-1234