



NYU | DENTISTRY

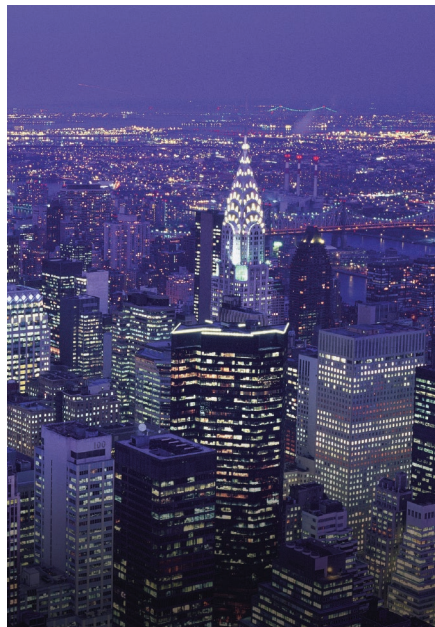
Linhart Continuing Dental Education Program

26th Annual

NYU/ICOI Implant Symposium

“Avoiding and Solving Implant Complications”

November 6-7, 2015 (Friday & Saturday)



This course satisfies the continuing implant education hours requirement for Fellowship, Mastership, and/or Diplomate status in the ICOI.

ADA CERP® | Continuing Education Recognition Program

New York University College of Dentistry 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 a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.

The formal continuing dental education programs of New York University College of Dentistry are accepted by the AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement.

New York University is a member of the Association for Continuing Dental Education. The ACDE is the organization of continuing dental education providers associated with dental schools in the United States, Canada and Puerto Rico.



REGISTRATION FORM

THE 26th ANNUAL NYU/ICOI IMPLANT SYMPOSIUM November 6-7, 2015 • New York, NY

Name (Please Print) _____

Street _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____

E-Mail _____ AGD# _____

SCIENTIFIC SESSION (10 Credit Hours)

TUITION

Practitioner: ICOI Member/NYU Dental Alumni.....\$595 \$ _____

Practitioner: Non-Member\$695 \$ _____

Dental Faculty: (Non-NYU)\$375 \$ _____
(Must submit verification of faculty status with registration)

Full-Time Student: (Non-NYU)\$200 \$ _____
(Must submit verification of full-time status with registration)

TOTAL AMOUNT USD \$ _____

Cancellation Policy:

Refunds are only granted if written notification is received seven (7) business days prior to this course. Please email icoi@dentalimplants.com.

REGISTRATION AND PAYMENT

Three Ways to Register:

1. Online at www.icoi.org
2. Credit Card: Complete information below and fax to **(973)783-1175**.

MasterCard Visa Amex

Card Number _____ Exp. _____ CVV No. _____

Signature _____ Billing Zip Code _____

3. Mail: Please make checks payable in US funds to ICOI and mail to:
55 Lane Road, Suite 305, Fairfield New Jersey 07004, USA. (973) 783-6300