International Congress of Oral Implantologists

EMPOWERING IMPLANT TEAMS
with Education Worldwide

www.ICOI.org • (888) 449-ICOI
International Congress of Oral Implantologists (ICOI) was 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 14,000 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.

“E-learning is an adjunct to our traditional publications and multiple global symposia. ICOI members are kept up-to-date with current trends, technology and other areas critical to implant dentistry. An exclusive Members Only access to many implant dentistry articles, monthly and archived webinars, shared knowledge via clinical updates & “pearls”, professional resources that aid practices and enhance education are at your fingertips. Quality online knowledge increases case acceptance and potential patients can locate ICOI members and link to their practices.”

Kenneth W. M. Judy, DDS, Co-Chair, Board of Directors, ICOI

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COMPREHENSIVE
IMPLANT EDUCATION FOR ALL

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

- Webinars, online resources, publications – hard copy, online and mobile
- National and International Symposia
- 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 & As, 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.


Restorative Practitioners: ICOI is the original and remains the only 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.
“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, Co-Chair, Board of Directors, ICOI

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

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.

MONTHLY COMPLIMENTARY WEBINARS
All archived online

ICOI’S GLOSSARY OF IMPLANT DENTISTRY
Comprehensive guide to implant terminology, searchable CD-Rom & online access 1,600 terms defined, classifications, charts, diagrams & critical parameters.

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

"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
IPS Mastership
ICOI 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
President-Elect, ICOI
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 via www.dentalimplants.com
- *ICOI Concepts* - shared digital knowledge via clinical updates and pearls
- Multiple national and international implant symposia (member discounts)
- Exclusive MEMBERS ONLY websites - archived webinars, *ICOI Concepts*, practice resources, 1600 implant definitions, educational tools, and more...via www.icoi.org and www.dentalimplants.com
- ICOI’s *Glossary of Implant Dentistry II and CD-ROM* - comprehensive guide to implant terminology - online access via www.icoi.org
- International certification program: Fellowship, Mastership and Diplomate credentials
- Multiple prosthetic patient consent and communication forms to use in your practice daily
- Quarterly *ICOI World News*
- Professional and Patient Education - www.dentalimplants.com. Patient knowledge increases case acceptance, valuable link to ICOI members’ practices
- Two (2) certificates of membership - ICOI and Implant Prosthetic Section (IPS)

MEMBERSHIP CATEGORY SELECTION

(Please check the appropriate category)

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Description</th>
<th>ANNUAL MEMBERSHIP DUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Dental Practitioner</td>
<td>$350.00</td>
</tr>
<tr>
<td>II</td>
<td>Full-Time University Faculty/Military</td>
<td>$200.00</td>
</tr>
<tr>
<td>III</td>
<td>Laboratory Technicians, Research or Industry Personnel, Recent Graduate (valid for 3 years post training)</td>
<td>$150.00</td>
</tr>
<tr>
<td>IV</td>
<td>Pre-doctoral or Graduate Student</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

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 Rd. Suite 305 • Fairfield, NJ 07004 • p: (888) 449-4264 / (800) 442-0525
f: (973) 783-1175 • E-mail: berg@icoi.org • Visit ICOI’s website for complete information: www.icoi.org

FOR MEMBERSHIP QUESTIONS, PLEASE CALL TOLL-FREE: 1-888-449-4264
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 Email ________________________________________________________________________________________________________________

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 _____________________________________________________
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.):

Organization _____________________________________________  Offices held ________________________________________________________

Organization _____________________________________________  Offices held ________________________________________________________

Organization _____________________________________________  Offices held ________________________________________________________

BENEFITS INCLUDE:

- Continuing Education Units
- Certification Programs
- Special recognition for implant training/credentials
- ICOI’s Glossary of Implant Dentistry, a comprehensive guide to implant terminology
- Digital ADIA handbook and forms
- Newsletters
- Tuition discounts to all ADIA and ICOI sponsored programs
- Scheduled and on demand webinars
- Implant dentistry resources available
- Mentoring
- 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 membership dues in U.S. funds to:

ASSOCIATION OF DENTAL IMPLANT AUXILIARIES
55 Lane Rd. Suite 305 • Fairfield, NJ 07004 • p: (973) 783-6300 • f: (973) 783-1175 • E-mail: icoi@dentalimplants.com
ICOL Membership Application

THE WORLD LEADER IN IMPLANT EDUCATION FOR THE ENTIRE DENTAL TEAM

Last Name / Surname ___________________________ Date of Birth _____ / _____ / _____  □ Male  □ Female

First _________________________________________ Middle Name / Initial(s) ___________  Degrees _________________________

Practice/Business Name __________________________________________________________________________________________

Office Address: ________________________________________________________________________ Suite ____________________

City/Province ___________________________________________ Country _____________________ Postal Code ______________

Telephone _____________________________  Fax ______________________________  E-mail ____________________________

Web Address: http://www.

Specialty _______________________________________________ Boarded?  □ Yes  □ No

□ 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 Rd. Suite 305 • Fairfield, NJ 07004 • 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.