9th ANNUAL DENTAL IMPLANT SYMPOSIUM

New Technologies and Transformational Techniques in Implantology

Moderated by Scientific Chairman Dr. Dennis Tarnow and Dr. Kenneth Judy

Friday, December 7, 2018
Columbia University Morningside Campus - Lerner Hall
2920 Broadway (at W. 115th Street), New York, NY

7:55 a.m. to 5:30 p.m. (check-in at 7:30 a.m.)

SPEAKERS: Dr. Stephen Chu • Dr. Robert Eskow • Dr. German Gallucci
Dr. Stefano Gracis • Dr. Joseph Kan • Dr. Bach Le • Dr. Sonia Leziy • Dr. Craig Misch

For questions regarding the program contact Columbia University CE Office at (212) 305-7124 • www.dental.columbia.edu/ce

To register contact the ICOI Central Office at (973) 783-6300,
register online at www.icoi.org or fax registration form to: (973) 783-1175

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

9th Annual Columbia University/ICOI Dental Implant Symposium
Friday, December 7, 2018 • New York, NY

NAME (Please Print) _______________________________________________________________________________

STREET _________________________________________________________________________________________

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SCIENTIFIC SESSION (8 Credit Hours)  TUITION

☐ Practitioner: ICOI Member/Columbia Dental Alumni.................................$375 $ ____________  

☐ Practitioner: Non-Member .................................................................$475 $ ____________  

☐ Columbia Dental Faculty .................................................................$275 $ ____________

(Must submit verification of faculty status with registration)

☐ Full-Time Student: (Non-Columbia) .....................................................$175 $ ____________

(Must submit verification of full-time status with registration)

TOTAL AMOUNT USD $ ____________

Cancellation Policy: 50% of registration fee will be refunded if requested on or before November 16, 2018. 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.

REGISTRATION AND PAYMENT

Three Ways to Register:

1. Online at www.icoi.org

2. Credit Card: Complete information below and fax to 1 (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:

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