

# REGISTRATION FORM

ICOI/ICOI EUROPE/PSI SYMPOSIUM

BADEN-BADEN, GERMANY ON MAY 23 - 25, 2019

**ICOI EUROPE**  
INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGISTS

**PSI**  
Polskie Stowarzyszenie  
Implantologiczne

**NICE**  
EURO-IMPLANTO  
2018

**SFBSI**

ICOI ID: .....

FIRST NAME: .....

FAMILY NAME (SURNAME): .....

STREET ADDRESS : .....

CITY : ..... STATE/PROVINCE : ..... ZIP CODE: ..... COUNTRY: .....

PHONE : ..... E-MAIL : .....

**REGISTRATION FEES** ONE FORM PER REGISTRANT PLEASE.

**REGISTRATION INCLUDES SCIENTIFIC SESSION ONLY**

IT DOES NOT INCLUDE PRE-SYMPOSIUM COURSES, GALA DINNER OR ACCOMPANYING PERSONS.

## SCIENTIFIC SESSION

## ON OR BEFORE 3/1/2019

## AFTER 3/1/2019

### PRACTITIONER:

- 550 USD / 465 EUROS  
 695 USD / 590 EUROS

- 650 USD / 550 EUROS  
 795 USD / 675 EUROS

ICOI MEMBER  
NON-MEMBER

### LABORATORY TECHNICIAN:

- 375 USD / 320 EUROS  
 520 USD / 440 EUROS

- 425 USD / 360 EUROS  
 620 USD / 525 EUROS

ICOI MEMBER  
NON-MEMBER

### FULL-TIME FACULTY:

(MUST SUBMIT FACULTY CREDENTIALS WITH REGISTRATION)

- 375 USD / 320 EUROS  
 520 USD / 440 EUROS

- 425 USD / 360 EUROS  
 620 USD / 525 EUROS

ICOI MEMBER  
NON-MEMBER

### FULL-TIME STUDENT:

(MUST SUBMIT FULL-TIME STATUS WITH REGISTRATION)

- 275 USD / 230 EUROS  
 325 USD / 275 EUROS

- 325 USD / 275 EUROS  
 375 USD / 320 EUROS

ICOI MEMBER  
NON-MEMBER

**GALA DINNER: FRIDAY, MAY 24TH**

NUMBER OF PEOPLE ATTENDING: ..... AT 105 USD / 90 EUROS PER PERSON \$/€: .....

**AWARDS CEREMONY: FRIDAY, MAY 24TH** AWARD RECEIVING:  FELLOWSHIP  MASTERSHIP  DIPLOMATE

**ACCOMPANYING PERSONS: ADMITTANCE TO SCIENTIFIC SESSION NOT INCLUDED.**

NUMBER OF PEOPLE ATTENDING: ..... AT 150 USD / 120 EUROS PER PERSON \$/€: .....

**PRE-SYMPOSIUM COURSES: THURSDAY, MAY 23RD - PLEASE VISIT WWW.ICOI.ORG FOR DETAILS.**

- DR. MAKARY (MECTRON): GRATIS  
 DR. MOGHADDAS (DENTEGRIS): GRATIS  
 DR. FROMOVICH (STRAUMANN): 55 USD / 49 EUROS

- DRS. HATTAB & BETITA (DENTIUM): GRATIS  
 DR. SIMONPIERI (BIOTECH): 200 USD / 175 EUROS  
 DR. CHOUKROUN (PRF PROCESS): GRATIS

## METHOD OF PAYMENT

TOTAL AMOUNT USD/EUROS: .....

CREDIT CARD:  MASTERCARD  VISA  AMEX

CARD NUMBER: .....

BILLING ZIP: .....

CVV NO: ..... EXP DATE: .....

- ALL ON-SITE PAYMENTS MUST BE MADE BY CREDIT CARD OR IN CASH (USD OR EUROS)

## THREE WAYS TO REGISTER:

1. ONLINE AT WWW.ICOI.ORG
2. CREDIT CARD: COMPLETE INFORMATION AT LEFT & FAX TO 973-783-1175 (US) +49 700 2017 0000
3. MAIL (MAKE CHECKS PAYABLE IN US FUNDS TO ICOD 55 LANE ROAD, SUITE 305, FAIRFIELD, NJ 07004 PH: (973) 783- 6300

**CANCELLATION POLICY:** 50% of registration fee will be refunded if requested on or before April 1, 2019. 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](mailto:icoi@dentalimplants.com).