

ICO Membership Application

IMPLANT EDUCATION FOR THE TOTAL DENTAL TEAM

ID # _____

NAME *(As you wish it to appear on membership certificates, website listing, etc.)*

Last Name / Surname _____ *(You will be alphabetized on our website by this name.)*

First _____ Middle Name / Initial(s) _____ Degrees _____

ADDRESS

Practice/Business Name _____

Office Address: _____ Suite _____

City/Province _____ Country _____ Postal Code _____

Telephone () _____ Fax () _____ Email _____

Web Address: <http://www.> _____

Home Address: _____ Suite _____

City/Province _____ Country _____ Postal Code _____

Telephone () _____ Fax () _____ Personal Email _____

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

Generalist Oral & Maxillofacial Surgeon Periodontist Prosthodontist

Endodontist 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 Technology

Academic Other _____

IMPLANT EDUCATION FOR THE TOTAL DENTAL TEAM

International Membership Application continued

ANNUAL MEMBERSHIP DUES INCLUDE:

- Bi-monthly subscription to our peer reviewed journal, *Implant Dentistry*
- International certification program: Fellowship, Mastership and Diplomate credentials
- Quarterly subscription to *ICOI World News*, our international society newsletter
- ICOI membership listing and link to your practice at www.icoi.org
- Special member discounts to ICOI's solely sponsored meetings
- Discounts on a wide range of textbooks and patient education materials
- Two (2) certificates of membership - ICOI and IPS (Implant Prosthetic Section)

INTERNATIONAL MEMBERSHIP DUES

International dues vary from country to country, depending on the economic conditions.

Dues Amount: \$ 275.00

Name of Affiliate Society (if applicable): School of Dental Implants

Membership Processing Fee: \$ 275 (U.S. Funds)

Payment Information: Cheque (Make your cheque payable to the **ICOI South Asia**)

Account Name: ICOI South Asia

Bank Name : Allahabad Bank

Branch Name : Wadala

City : Mumbai

Account No : 50141320267

IFSC Code : ALLA0210792

*I understand **ICOI South Asia** is facilitating this payment on my behalf. Total amount is subject to exchange fluctuation.



RETURN THIS APPLICATION WITH YOUR MEMBERSHIP DUES TO THE ICOI CENTRAL OFFICE:

248 Lorraine Avenue • Upper Montclair, New Jersey 07043-1454 USA
phone: (973) 783-6300 • fax: (973) 783-1175 • e-mail: icoi@dentalimplants.com

FOR COMPLETE MEMBERSHIP INFORMATION VISIT ICOI'S WEBSITE: WWW.ICOI.ORG