

# REGISTRATION FORM

## ICOI/ICOI EUROPE/PSI SYMPOSIUM BADEN BADEN

**May 23-25, 2019**

Pre-Symposium Courses: Thursday, May 23, 2019

ICOI ID# \_\_\_\_\_ Family Name (Surname) - Please print or type \_\_\_\_\_ First Name - Please print or type \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### REGISTRATION FEES

**SCIENTIFIC SESSION**

Registration includes scientific session only. It does not include Symposium Courses, Gala Dinner, or Accompanying Persons.

PSI: 375,00 \$

ICOI Bank information for Wire Transfers:  
 JP MORGAN CHASE BANK NA  
 865 Bloomfield Avenue  
 West Caldwell, NJ 07006 USA

ICOI Account# 858818453  
 Routing# 021000021  
 IBAN# US 858818453  
 Swift (BIC)# CHASUS33

**GALA DINNER:** Friday, May 24, 2019 ..... \$ \_\_\_\_\_  
 Number of people attending at 105 USD per person/90 Euros per person

**ACCOMPANYING PERSONS:** \_\_\_\_\_ \$ \_\_\_\_\_  
 150 USD per person/125 Euros per person (admittance to scientific session NOT included)

**PRE-SYMPOSIUM COURSES:** Thursday, May 23, 2019  
 There will be a number of Pre-Symposium courses on Thursday, May 23, 2019  
 Please visit our website [www.icoi.org](http://www.icoi.org) for details.

### METHOD OF PAYMENT

TOTAL AMOUNT USD/Euros: \$ \_\_\_\_\_

**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).

- THREE WAYS TO REGISTER:**
1. Online at [www.icoi.org](http://www.icoi.org), [pamela@icoi.org](mailto:pamela@icoi.org)
  2. Credit Card: Complete information below and fax to **(973) 783-1175**
  3. Mail (make checks payable in US funds to ICOI): 55 Lane Road, Suite 305  
 Fairfield, New Jersey 07004  
 phone: (973) 783-6300

**CREDIT CARD:**  
 MasterCard  Visa  American Express

Credit Card Number: \_\_\_\_\_  
 Billing Zip Code: \_\_\_\_\_ CVV No: \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_  
 month year

\* All on-site payments must be made by credit card or in cash (USD)

**HOTEL INFORMATION:** Visit <https://veranstaltungen.baden-baden.de/ICOI19> for hotel information. All of these hotels are near Kongresshaus Baden Baden.