

4 weekends – 64 CEUs



# ICOI Advanced Implant Curriculum

July 12-13, 2024

September 13-14, 2024

November 8-9, 2024

January 10-11, 2025

**01**

July 12-13, 2024

**Digital Dental Records,  
Socket Grafting, Facial  
Aesthetics, Peri-implant  
Diseases**

Drs. Les Kalman, Avi  
Schetritt, Dean Vafiadis  
& George Romanos

**02**

September 13-14, 2024

**Guided Bone Regeneration,  
Solutions for Compromised  
Cases, Digital Workflow**

Drs. Larissa Steigmann,  
Kelly Misch & Rick Ferguson

**03**

November 8-9, 2024

**Bone Augmentation, TMJ,  
Occlusion, Aesthetic  
Concepts, Complications  
and Troubleshooting**

Drs. Craig Misch, Alvaro  
Ordonez & Ady Palti

**04**

January 10-11, 2025

**Troubleshooting All-on 4,  
Zygoma, SDI, Zirconia  
Implants**

Drs. Louis Al-Faraje, Paul  
Petrunaro

## ICOI Central Office

1 Bridge Plaza N  
Suite 950  
Fort Lee, NJ 07024

\*\* Speakers/Topics subject to change

# Exhibitor & Sponsor Prospectus



Dear Exhibitor:

The ICOI invites you to be an Exhibitor at the [ICOI Advanced Curriculum](#) courses to be held at the [ICOI Central Office in Fort Lee, NJ](#).

The dates & session topics of the four sessions in 2024-25 are:

**July 12-13, 2024:** *Digital Dental Records, Socket Grafting, Facial Aesthetics, Peri-Implant Diseases*

**September 13-14, 2024:** *Guided Bone Regeneration, Solutions for Compromised Cases, Digital Workflow*

**November 8-9, 2024:** *Bone Augmentation, TMJ, Occlusion, Aesthetic Concepts, Complications and Troubleshooting*

**January 10-11, 2025:** *Troubleshooting All-on 4, Zygoma, SDI, Zirconia Implants*

The Exhibits will be in the adjacent space within the ICOI Central Office. Lunch, WiFi and parking are included.

We will be assigning booths on a **FIRST COME, FIRST SERVED** basis and space is very limited so, please don't delay.

We look forward to seeing you at our office!

Sincerely,

A handwritten signature in black ink that reads "Tara Caruana".

Tara Caruana  
Exhibitions Manager

[tara@icoi.org](mailto:tara@icoi.org)



1. The Exhibit Space will be located near the lecture room at: **ICOI Central Office, One Bridge Plaza N, Suite 950, Fort Lee, NJ 07024**
2. One unit of exhibit space: **\$1,500.00 USD** | Booth space is limited and each exhibitor may have only one space.
3. Applications must be submitted with payment **IN FULL** in order to be processed. *(Note: All or any space designated may be subject to reassignment and rearrangement by ICOI for the purpose of consolidation of display space or for any other reason.)*
4. Exhibit Space will consist of one draped 6 ft table, two chairs and one identification sign. Due to space constraints all exhibits **MUST** stay within the perimeters of your assigned table top area.
5. The ICOI reserves the right to refuse any commercial display inappropriate to a scientific meeting. Parts of exhibits, signs or other display materials may not be posted, taped, nailed, or otherwise affixed to walls, doors, or any part of the ICOI Central Office in any way that may cause damage. Damage caused by failure to observe this rule will be paid for by the exhibitor.
6. Exhibitors must carry their own fire, theft, or other insurance. All exhibit materials must comply with local fire laws, insurance underwriter and safety regulations. All containers and packing materials are to be removed from the exhibition area when the exhibit is set up. Explosive or flammable materials and substances are not allowed. The exhibitor assumes responsibility for compliance with municipal and provincial regulations concerning fire, safety and health.
7. No exhibitor shall assign, sublet or apportion the whole or any portion of space allotted to any exhibitor. Exhibitor remains fully responsible and liable under its contract for all activities conducted of any person to occupy or use their designated space. No booth sharing is permitted.
8. Exhibitor's equipment is not insured by the ICOI for loss, theft, damage or breakage. Neither ICOI employees or representatives, nor any representative of the ICOI can be held responsible for any injury, loss or damage to the exhibitor's employees or property. The exhibitor must assume responsibility for damages to property caused by, or which in any way arise out of, the actions of the exhibitor.
9. Any and all matters not specifically covered in the preceding rules and regulations shall be subject solely to a decision of the **ICOI Board of Directors**.
10. If any exhibitor chooses to cancel their registration, a refund will be issued, minus a 50% cancellation fee until **30 days prior to the event date** after which time no refund will be given.

## Exhibitor Application

Name of Company \_\_\_\_\_ Exhibit Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Toll Free Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_ Website \_\_\_\_\_

**Brief description of your product and/or service:**

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**Representatives at exhibit:** Only two (2) representatives are included in the Exhibit Booth fee. Each booth space can have a maximum of four representatives. An added fee of \$250 USD will be incurred for each additional representative registered before the event, space permitting. There will be a \$350 USD charge for each additional “on-site” representative attending the conference.

(1) Name for badge \_\_\_\_\_

(2) Name for badge \_\_\_\_\_

(3) Name for badge *(additional fee required)* \_\_\_\_\_

(4) Name for badge *(additional fee required)* \_\_\_\_\_

I hereby agree to abide by ICOI regulations. In addition, I hereby release and agree to hold harmless the ICOI and its employees from any liability for damage or loss to my exhibit, equipment or products.

\_\_\_\_\_ *(required - initial here before returning form)*

**Booth Fees:** \$1,500.00 USD Per Session. Each exhibitor is allowed only one (1) space. Please choose the course you would like to attend:

July 12-13, 2024 (Session 1)

September 13-14, 2024 (Session 2)

November 8-9, 2024 (Session 3)

January 10-11, 2025 (Session 4)

Enclosed is full payment of US \$ \_\_\_\_\_. *(Please make check payable to: ICOI)*

**Method of payment:**  CHECK  CREDIT CARD:  MasterCard  Visa  American Express

Card Number \_\_\_\_\_ Exp.Date \_\_\_\_\_ CVV No. \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Date \_\_\_\_\_

**SEND APPLICATION TO:** Tara Caruana | One Bridge Plaza N, Suite 950, Fort Lee, New Jersey 07024 USA  
 Phone: (973) 783-6300 | Fax: (973) 783-1175 | tara@icoi.org