

3.75 CE CREDITS



# ICOI *VIRTUAL* SYMPOSIUM

**NOVEMBER 1  
2025**

**9:00 AM—1:45 PM**

**DR. ADY PALTI**

Mastering the Aesthetic Zone: A Quarter-Century  
of Lessons Learned

**DR. ISAAC TAWIL**

The Dental Avatar Workflow for Full-Arch Implant Restorations

**DR. ALVARO ORDONEZ**

Temporomandibular Disorder & Orofacial Pain in Your  
Implant World: An Obstacle to Your Work or An Expansion  
to Your Practice



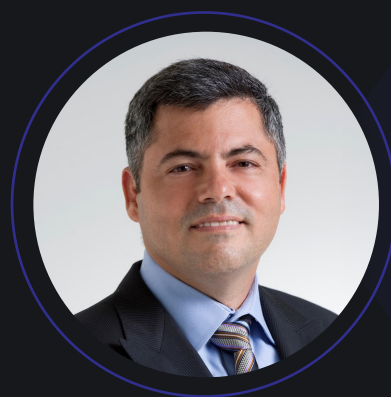
**DR. ADY PALTI**

General Practitioner  
Edgewater, New Jersey



**DR. ISAAC TAWIL**

General Practitioner  
Brooklyn, New York



**DR. ALVARO ORDONEZ**

Orofacial Pain Specialist  
South Miami, Florida

**ADA C.E.R.P.<sup>®</sup>** | Continuing Education  
Recognition Program

ICOI is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at [CCEPR.ada.org](http://CCEPR.ada.org).



**PACE**  
ACADEMY of  
GENERAL DENTISTRY  
PROGRAM APPROVAL  
FOR CONTINUING  
EDUCATION

International Congress of Oral Implantologists (ICOI)  
Nationally Approved PACE Program Provider for  
FAGD/MAGD credit.  
Approval does not imply acceptance by any  
regulatory authority or AGD endorsement.  
4/1/2024 to 3/31/2028  
Provider ID# 217378

## Registration Form

ICOI ID# \_\_\_\_\_ First Name \_\_\_\_\_ Last Name (Surname) \_\_\_\_\_

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

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ AGD# \_\_\_\_\_

### Registration Fees

### ICOI Member

### ICOI Non Member

### Virtual Symposium Fee

☐ \$450 USD

☐ \$525 USD

## Payment

**Total Amount USD:**

\$ \_\_\_\_\_

### Cancellation Policy:

50% of registration fee will be refunded if requested on or before October 17, 2025. Cancellations after this date are non-refundable.

### Ways To Pay:

#### 1. Credit card:

Complete payment information below & fax to (973) 783-1175 or email to [icoi@dentalimplants.com](mailto:icoi@dentalimplants.com)

#### 2. Mail (make checks payable in US funds to ICOI):

One Bridge Plaza N, Suite 950, Fort Lee, NJ 07024  
Phone: (973) 783-6300

### Credit Card:

☐ MasterCard

☐ Visa

☐ Amex

Card Number \_\_\_\_\_

Billing Zip \_\_\_\_\_

CVV No \_\_\_\_\_

Exp \_\_\_\_\_