

BICON INSTITUTE



2016 FDUCATIONAL OPPORTUNITIES

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SURGICAL AND PROSTHETIC PRINCIPLES	\$1,900
SURGICAL AND PROSTHETIC PRINCIPLES	\$1,900

COURSE	DATE	LOCATION
SPP-1601	April 6–8, 2016	Boston, MA
SPP-1602	November 2-4, 2016	Boston, MA

CARTAGENA SURGICAL COURSE*

\$7,000

COURSE	DATE	LOCATION
csc-1601	February 22–26, 2016	Cartagena, Colombia
csc-1602	Aug. 29-Sept. 2, 2016	Cartagena, Colombia
csc-1603	September 5-9, 2016	Cartagena, Colombia
csc-1604	November 21–25, 2016	Cartagena, Colombia

^{*}Recommended: Surgical and Prosthetic Principles.

Tuition includes placement of 8 implants and uncovering procedures.

HANDS-ON PRACTICAL COURSE

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COURSE	DATE	LOCATION
нор-1604	March 3, 2016	Houston, TX
нор-1605	March 4, 2016	Dallas, TX
нор-1606	March 18, 2016	Chicago, IL
нор-1607	April 13, 2016	Boston, MA
нор-1608	May 6, 2016	Washington, DC
нор-1609	June 17, 2016	Boston, MA
нор-1610	September 16, 2016	Boston, MA
нор-1611	November 17, 2016	Los Angeles, CA
нор-1612	November 18, 2016	San Francisco, CA

LOCATION

Boston, MA

GUIDED BONE REGENERATION TECHNIQUES \$1.100

COURSE	DATE	LOCATION
GBR-1601	May 18, 2016	Boston, MA
GRR-1602	October 19, 2016	Roston MA

SINUS LIFT TECHNIQUES

\$1.100

COURSE	DATE	LOCATION
SLT-1601	May 19, 2016	Boston, MA
SLT-1602	October 20, 2016	Boston, MA

CLINICAL OBSERVATION DAY DATE

Upon Request

COURSE

co-0001

\$1,000

RIDGE SPLIT TECHNIOUES

\$1,100

COURSE	DATE	LOCATION	
rst-1601	May 20, 2016	Boston, MA	
rst-1602	October 21, 2016	Boston, MA	

IAC LABORATORY COURSE

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LIVE SURGERY WEBCAST

FREE

COURSE	DATE	LOCATION	COURSE	DATE	LOCATION
LAB-0001-US	Upon Request	Boston, MA	WEB-0001	Varies	www.bicon.com/webcast
LAB-0001-EU	Upon Request	Rome, Italy	Note: Please visit	www.bicon.com for archived	webcasts.





REGISTRATION FORM







REGISTER BY MAIL 501 Arborway Boston, MA 02130



COURSE TITLE		COURSE CODE	DATE OF COURSE	
COURSE TITLE		COURSE CODE	DATE OF COURSE	
COURSE TITLE		COURSE CODE	DATE OF COURSE	
COURSE TITLE		COURSE CODE	DATE OF COURSE	
NAME		Will you require a hotel r	eservation?	
SPECIALTY		DATE OF ARRIVAL	DATE OF DEPARTURE	
DENTAL LICENSE NUMBER		• •	n, non-negotiable and non-transferable. ered complete once payment is made in f	full
ADDRESS			rly registration is encouraged. vithin one month prior to the course.	
ADDRESS			Course, a non-refundable deposit of the application. Balance is due one month	h
CITY	STATE / PROVINCE (if applicable)	 In the unlikely event of cou for travel expenditures. 	rse cancellation, Bicon is not responsible	
ZIP	COUNTRY	• For travel related services,	avel expenses or hotel accommodations. blease contact Millbrook Travel by email	
PHONE	FAX	milibrooktravel@outlook.c	om or phone (508) 846-1997.	
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CARD NUMBER		EXPIRATION DATE	SECURITY COI	DE
NAME OF CARDHOLDER		SIGNATURE OF CARDHOLD	ER	

I authorize Bicon to photograph me during the course(s). I understand that these images may be used for educational purposes, publications, brochures, and/or the Bicon website. I understand the photos will not be used in a manner that may be deemed inappropriate.

I understand that if I practice in a country where Bicon has a distributor, then I shall purchase all Bicon products from that representative and not from the Bicon office in Boston.

I hereby agree to the terms and understand the conditions listed above.

SIGNATURE DATE