



REGISTRATION FORM

Name _____

Surname _____

Address _____

Zip Code _____ City _____ Country _____

Tel _____ Mobile _____

Fax _____ email _____

Invoicing details

Company name _____

Address _____

Zip Code _____ City _____ Country _____

Tax Payer Code no. (mandatory) _____

Vat code (mandatory if applicable) _____

Attendance: Attendance to the Symposium is open to Dentists, Doctorate degree Students; those attending the Post-graduate Course of Odontostomatology and Students attending the faculty of Dentistry and Prosthodontics.

Languages: The official languages of the Symposium are English and Italian. Simultaneous translation will be provided from Italian to English and viceversa.

Registration includes: participation in the scientific sessions; coffee-breaks; congress material and bag; attendance certificate.

Registration fees (VAT 22% included)

	Early Bird (by October 31 st , 2022)	Regular (from November 1 st , 2022 to March 31 st , 2023)	Late (from April 1 st , 2023)
Graduate Dentist	€ 250	€ 280	€ 310
Graduate Dentist <i>SIdP Member</i>	€ 210	€ 240	€ 270
Doctorate degree Students (those attending the Post-graduate Course of Odontostomatology)	€ 130	€ 150	€ 170
Students (those attending a faculty of Dentistry and Prosthodontics)	€ 60	€ 80	€ 100

Payment:

☐ **Wire transfer** to Mj eventi Sas on account No: **IT66 U030 6902 9931 0000 0000 861**
SWIFT code: **BCITITMM** at Banca Intesa San Paolo. *Please specify your Surname, Name, 4th International Symposium – May 2023 and attach your receipt to this form*

Credit Card

VISA n. [][][][][][][][][][][][][][][][]

EXPIRY DATE: [][]/[][]

CVV VISA [][]

MASTERCARD n. [][][][][][][][][][][][][][][][]

[[]][[]][[]][[]]

EXPIRY DATE: [][]/[][]

CVV MASTERCARD [][]

Name/ Surname of the owner _____

I authorize *Mj eventi sas* to charge me for the amount of € _____

Owner's Signature: _____

Cancellation Policy

If you are unable to attend the event, you have to cancel sending your request to:

2023internationalsymposium@mjeventi.it

The following reimbursement criteria will be observed:

- Within 30 days from the beginning of the event: an amount of € 30 for administrative expenses will be withheld from the registration fee paid.
- With request sent less than 30 days no refund will be possible.

Pursuant to Regulation EU 679/2016 and subsequent amendments, we inform you that your personal data (points a) and b) of the privacy policy below), acquired through the present form, shall be processed by MJ Eventi, the data controller, including using electronic means for purposes related to the fulfilment of organizational obligations, and shall not be transferred to third parties without your consent. You may, at any time, request the rectification or erasure of data, and object to the sending, on our part, of advertising material or commercial information by sending a request: privacy@mjeventi.eu. The full information policy is available in our offices or at the following website: www.mjeventicom.com.

We also ask you to give us consent for the following purposes:

- | | | |
|---|-------|------|
| • CME accreditation | [YES] | [NO] |
| • Fulfilment of obligations related to the organization of event | [YES] | [NO] |
| • The sending of information on new initiatives or institutional courses and promotional material | [YES] | [NO] |
| • For communication to third parties (companies working in the sectors of our institutional sponsors) | [YES] | [NO] |

The registration form will be valid only if fully filled in and with a copy of the receipt. Please type or print and send to:

MJ EVENTI – Organizing Secretariat

Operative office: Via del Gelsomino, 20 • I - 50125 Florence • Fax +39 055 5059360

E-mail: eventi@mjeventi.eu

Date _____ Signature _____