

## **REGISTRATION FORM**



The official language of the Course is **English**. Attendance to the Course is open to **Graduate Dentists**.

The Course will take place over nine sessions, each lasting two days and **has a numerus clausus**.

Applications to participate will be accepted in chronological order until all available places have been taken.

## Participant's Data

Organization.

| Name  | <del>-</del> |  |
|---|--------------|--|
| Surname   |              |  |
| Address   |              |  |
| Zip Code City   | Country      |  |
| Tel   | Mobile       |  |
| FaxE  | -mail        |  |
| Invoicing details   |              |  |
| Company Name  |              |  |
| Address   |              |  |
| Zip Code City   | Country      |  |
| Tax Payer Code no. (mandatory)  |              |  |
| Vat Code (mandatory if applicable)  |              |  |
| Registration fees (VAT 22% included): € 8.800=.  Registration includes: - participation in the scientific sessions, - coffee-breaks, - course materials and bag, - certificate of attendance. |              |  |

Disposable and consumable materials, surgical instruments for practical exercises and clinical activity will be guaranteed by the

## Payment:

- **50%** of the registration fee (equal to € 4.400) at the time of registration
- **50%** (balance of the registration fee equal to € 4.400) **by January the 10<sup>th</sup> 2023**\*\*\*

| 50%          | of the registration fee (equal to $\epsilon$ 4.400) at the time of registration by:  |
|--------------|--|
| <b>u</b> ,   | Wire transfer to MJ Eventi on account No: IT66 U030 6902 9931 0000 0000 861  |
| Interi       | SWIFT code: <b>BCITITMM</b> at Banca Intesa San Paolo. <i>Please specify your Surname, Name and "1 Yean national Program Paris 2023" and attach your receipt to this form.</i>                             |
|              | Credit Card  |
| VISA         | n. [_][_][_] [_][_][_] [_][_]  |
| EXPIR        | RY DATE: [][]  |
| MAST         | TERCARD n. [][][] [][][] [][] [][]   |
| EXPIR        | RY DATE: [][]/[][]   |
| Name         | e/ Surname of the owner  |
| I auth       | norize <i>MJ eventi</i> to charge me for the amount of €   |
| Owne         | er's Signature:  |
| The <b>s</b> | second and last payment will be made:  |
|              | by wire transfer by January the 10 <sup>th</sup> 2023.   |
|              | By credit card by January the 10 <sup>th</sup> 2023. MJ Eventi will send the authorization form to debit the   |
|              | amount due by December the 15 <sup>th</sup> 2022   |
| The          | e participation fee will not be reimbursed if Attendee cancels after enrollment or during the Course.  |
| The          | registration form will be valid only if fully filled in and sent with a copy of payment of € 4.400=. to  |
|              | MJ EVENTI – Organizing Secretariat   |
|              | Operative office: Via del Gelsomino, 20 • I - 50125 Florence • Fax +39 055 5059360<br>E-mail: <u>eventi@mjeventi.eu</u>  |
| Becau        | se of the EU General Data Protection Regulation coming into effect on 25 <sup>th</sup> May 2018, we need to ask for your consent to continue sending you emails with all the latest news about the Course. |
|              | In order to be allowed to keep you on our database after the new data laws come into effect,   |
|              | we just need you to give your authorization [YES] [NO]   |
| Date         | Signature  |