



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

Name _____

Surname _____

Address _____

Zip Code _____ City _____ Country _____

Tel _____ Mobile _____

Fax _____ E-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 Organization.

