Advance registrations will be accepted with this form until Friday, February 19th 2016.
After this date registration will be accepted only on site.

DEPARTMENT OF DENTISTRY
DEGREE COURSE IN DENTISTRY AND DENTAL PROSTHESIS
HEAD: Prof. Enrico Gherlone - CHAIR OF PERIODONTOLOGY, HEAD: Prof. Massimo de Sanctis

MILAN 26th/27th FEBRUARY 2016

1st INTERNATIONAL SYMPOSIUM
SOFT TISSUE MANAGEMENT AROUND TEETH AND IMPLANTS

REGISTRATION FORM

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)

☐ **Graduate Dentist** **€ 250**

☐ **Student** (enrolled in an undergraduate program in a Dental School); *please attach your Academic transcript* **€ 50**

Payment

❑ **Wire transfer** to MJ eventi Sas on account No: **IT71P0572802803464570864198 –**
SWIFT code: **BPVIIT21464** at Banca Popolare di Vicenza**.** *Please specify your Surname, Name, 1st International Symposium febr 2016 and attach your receipt* to this form*

❑ **Credit Card**

VISA/MASTERCARD n. **[_][_][_][_] [_][_][_][_] [_][_][_][_] [_][_][_][_]**

EXPIRY DATE: **[_][_]/[_][_]** CVV VISA/MASTERCARD **[_][_][_]**

Name/ Surname of the owner _____

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

Owner's Signature: _____

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: Viale dei Mille, 9 • I - 50131 Firenze • Fax +39 055 5059360 • E-mail: eventi@mjeventi.eu

Date _____ Signature _____