

REGISTRATION FORM

We recommend online registration at www.academiasitalianadiconservativa.it
Please print/type clearly as name badges, certificates and other documents will be produced from the information you provide. Please use **one form per person** and photocopy this form as for additional registrations.

PARTICIPANT DETAILS

Last Name _____ First Name _____
Address _____
City _____ ZIP _____ State/Country _____
Phone _____ Mobile Phone _____
Email _____@_____

INVOICE DETAILS

Headed to _____
Address _____
City _____ ZIP _____ State/Country _____
Fiscal Code _____ VAT Code _____

REGISTRATION FEES

- AIC Member* Free
 Dental Technician € 150,00

*Once regularly associated for the year 2018

Registration fees include:

- Attendance at scientific sessions (11,12 May)
- Congress material and bag
- Final Program
- Coffee breaks
- Lunches
- Certificate of attendance

I would like to participate in the following activities:

- | | | | |
|--------------------------|---|---------------------|----------|
| <input type="checkbox"/> | Thursday, May 10 th at 9.30 a.m. | Pre-congress Course | € 100,00 |
| <input type="checkbox"/> | Friday, May 11 th at 7.00 a.m. | Congress Walk | |
| <input type="checkbox"/> | Friday, May 11 th at 7.00 a.m. | Congress Run | |
| <input type="checkbox"/> | Friday, May 11 th at 8.30 p.m. | Social Party | € 45,00 |

PAYMENT can be made via **BANK TRANSFER**

Please specify your Surname, Name and AIC 2018 Congress to:

Accademia Italiana di Odontoiatria Conservativa e Restaurativa

Bank: Banca Popolare di Sondrio - Filiale Brescia

IBAN code: IT25 Y056 9611 2000 0001 2848 X41 - SWIFT CODE: POSOIT22

Total _____

This registration form will be valid only if fully filled in, and with a copy of the receipt.

AIC is fully compliant with EU privacy regulations and warrants complete privacy on personal details.

Please type or print and send to:

Accademia Italiana di Odontoiatria Conservativa e Restaurativa (AIC)

Via del Gelsomino, 20 – 50125 Florence - Italy

Tel: +39 055 5059360 – Email: aic@mjeventi.com

Date _____

Signature _____