



## REGISTRATION FORM

### reserved for Foreign participants

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

- ORDINARY MEMBERS** € 390,00 vat included
- ORDINARY JUNIOR MEMBERS** (Graduates in Dentistry under the age of 31 years) €260,00 vat included
- STUDENT MEMBERS** (enrolled in a Degree Course in Dentistry - enrolled in a Master of Science Course in a School of Dentistry) €110,00 vat included



**I also confirm my participation in:**

- |                          |   |                                      |         |
|--------------------------|---|--------------------------------------|---------|
| <input type="checkbox"/> | Friday and Saturday May 5 <sup>th</sup> – 6 <sup>th</sup> | AIC 24 <sup>th</sup> Annual Congress |         |
| <input type="checkbox"/> | Thursday, May 4 <sup>th</sup> at 9.00 a.m.                | Pre-congress Course                  |         |
| <input type="checkbox"/> | Friday, May 5 <sup>th</sup> at 7.00 a.m.                  | Congress Walk                        |         |
| <input type="checkbox"/> | Friday, May 5 <sup>th</sup> at 7.00 a.m.                  | Congress Run                         |         |
| <input type="checkbox"/> | Friday, May 5 <sup>th</sup> at 8.30 p.m.                  | Social Party                         | € 60,00 |

**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 Intesa San Paolo – Florence

IBAN code: IT40P0306909606100000179472- SWIFT CODE: BCIIITMMXXX

**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](mailto:aic@mjeventi.com)

Date \_\_\_\_\_

Signature \_\_\_\_\_