

## **Registration Form**

**On-line hotel booking** 

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Name		Surname		
Address				
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Tel		Fax		
ID number issued by INVOICING DETA		horities		
Company Name				
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Tax Payers Code No.	. (mandatory)			
VAT CODE (mandat	tory if applicable)			

Attendance to the **Course** of the Italian Society of Periodontology and Implantology is open to Dentists, Oral Hygienists, Students attending the faculty of Dentistry and Prosthodontics, Students attending the faculty of Dental Hygiene.

Official language: the official language of the Course is Italian.

## Simultaneous translation will be provided from Italian to English

## I wish to enroll in the Updating Course as:

	Category	Registration Fee (VAT included)
	SIdP International Ordinary Member 2019	€ 150
	SIdP International Dental Hygienist Member 2019	€ 100
	SIdP International Student Member (Faculty of Dentistry) 2019	€ 45
	SIdP International Student Member (Faculty of Dental Hygiene) 2019	€ 45
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	Dentist – NO International SIdP member 2019	€ 180
	Dental Hygienist – NO International SIdP member 2019	€ 130
	Student (Faculty of Dentistry) – NO International SIdP member 2019	€ 60
	Student (Faculty of Dental Hygiene) – NO International SIdP member 2019	€ 60

PAYMENT CAN BE MADE VIA:		
□ wire transfer* of €	dP Upda	ting Course
* please attach your receipt to this form		
☐ Credit Card VISA/MASTERCARD n. [][][] [][] [][] [][]	[][	][_][_]
CVV VISA/MASTERCARD [][] VISA/MASTERCARD EXPIRATION DATE: MONTH/YEAR [][] /[][]		
Name and Surname of the Owner		
I authorize the Italian Society of Periodontology and Implantology to charge me for the amount of Owner's Signature:	··€	
Pursuant to Regulation EU 679/2016 and subsequent amendments, we inform you that your personal data (points a policy below), acquired through the present form, shall be processed by Società Italiana di Parodontologia e Implandata controller, including through the use of electronic means for purposes related to the fulfilment of organizations shall not be transferred to third parties without your consent.  You may, at any time, request the rectification or erasure of data, and object to the sending, on our part, of advertise commercial information by sending a request: privacy@sidp.it.  The full information policy is available in our offices or at the following website: www.sidp.it.  Consent for the processing of data indicated above is not required as it is indispensable for obtaining membership is	ntologia - al obligati ing mater	SIdP, the ons, and
We also ask you to give us consent for the following purposes:		
Fulfilment of obligations related to the organization of events	[YES]	[NO]
• The sending of information on new initiatives or institutional courses and promotional material	[YES]	[NO]
For communication to third parties (companies working in the sectors of our institutional sponsors)	[YES]	[NO]
Date		

This registration form will be valid only if fully filled in, and with a \*copy of the receipt in case of payment by wire transfer.

Please type or print and send to: Italian Society of Periodontology and Implantology

*Operative Office*: Via del Gelsomino, 20 - 50131 Firenze / **Fax** +**39 055 2345637** – e-mail: **segreteria@sidp.it**;