

REGISTRATION FORM – INTERNATIONAL MEMBERS

PARTICIPANT'S DATA:

| Name | Surna | ime | | | | | |
|---|--|---|--|--|--|--|--|
| Date of birth_ | Place of birth (Nation) | Country of reside | ence (Nation) | | | | |
| Address | | | | | | | |
| Zip Code | deCityCountry | | | | | | |
| Tel Fax | | | | | | | |
| E-mail | E-mail | | | | | | |
| ID number issued by the relevant revenue authorities | | | | | | | |
| INVOICING DE Company Nam | TAILS: | | | | | | |
| Address | | | | | | | |
| | City | | | | | | |
| Tax Payers Code No. (mandatory)VAT CODE (mandatory if applicable) | | | | | | | |
| | o the 23rd National Congress of the Italian Societ hists, Students attending the faculty of Denti | | | | | | |
| IF YOU ARE N | NOT A SIdP INTERNATIONAL MEMBER YET, | please register by <u>clicking he</u> | ere. | | | | |
| REGISTRA | ATION FEES (VAT 22% included): | By February the 23 ^{rd,} 2024 | From February the 24 th , 2024 | | | | |
| International Ordinary Member | | € 250 | € 280 | | | | |
| International Dental Hygienist Member | | € 150 | € 180 | | | | |
| International Dental Student | | € 90 | € 110 | | | | |
| International Undergraduate DH Student | | € 60 | €80 | | | | |
| I wish to enre | oll in the 23 rd National Congress as: | | | | | | |
| [_] Inte | rnational Ordinary Member [| _] International Dental Hygienist Member | | | | | |
| [_] Stud | dents Member (Faculty of Dentistry) | _] International Student Me | mber (Faculty of Dental Hygiene) | | | | |

Official languages: The official languages of the Congress are Italian and English. Simultaneous translation is provided from Italian to English and vice-versa for the two-day Congress, the Pre-Congress Courses and the three Forum for Innovation sessions.

| I wish | to participate in: | | | | | |
|---------|---|--|--|--|--|--|
| [_] | SIdP YOUNG FORUM-HANDS-ON <u>held in Italian language</u> - reserved for SIdP Members under 40 and for Senior Dental Students - Thursday, March 21st, 09.30am-01.00pm • registration fee: 20€ | | | | | |
| [_] | RESEARCH FORUM – G. CARDAROPOLI AWARD <u>held in English and Italian language</u> , <u>with no simultaneous</u> <u>translation</u> reserved for Dentists - Thursday, March 21 st , 09.30 _{am} -01.00 _{pm} (free of charge) | | | | | |
| [_] | CLINICAL FORUM - G. VOGEL AWARD <u>held in English and Italian language</u> , with no simultaneous translation - reserve for Dentists - Thursday, March 21 st , 10.00 _{am} -01.00 _{pm} (free of charge) | | | | | |
| [_] | SEARCH FORUM – C. CEVENINI AWARD <u>held in English and Italian language, with no simultaneous translation,</u> served for Dental Hygienists and Undergraduate DH Students - Thursday, March 21 st , 10.25 _{am} -12.10 _{pm} (free of charge) | | | | | |
| [_] | RESEARCH FORUM - M. CAGIDIACO AWARD <u>held in English and Italian language</u> , <u>with no simultaneous translation</u> reserved for Dental Hygienists and Undergraduate DH Students-Thursday, March 21 st , 12.10 _{Pm} -01.10 _{pm} (free of charge) | | | | | |
| [_] | Young SIdP members in the center of the stage <u>held in Italian language</u> , <u>with simultaneous translation</u> reserved for Dentists under 40 years old and Dental Students Thursday, March 21 st , 02.30 _{Pm} -04.30 _{pm} (free of charge) | | | | | |
| | FORUM FOR INNOVATION— held in Italian language with simultaneous translation into English, Thursday, March 21 st 02.30 _{Pm} -04.30 _{pm} (free of charge) - contemporary [] Implant Dentistry [] Oral Care [] Regenerative & Reconstructive Surgery | | | | | |
| [_] | PRE-CONGRESS COURSE <u>held in English language (o simultaneous translation?)</u> , reserved for Dentists and Dental Students - Thursday, March 21 st , 05.00 _{pm} -07.00 _{pm} (free of charge) | | | | | |
| [_] | PRE-CONGRESS COURSE held in Italian and English language with <u>simultaneous translation?</u>), reserved for Dental Hygienists and DH Students - Thursday, March 21st, 05.00 _{pm} -07.00 _{pm} (free of charge) | | | | | |
| [_] | H.M. GOLDMAN Award <u>held in English and Italian language, with no simultaneous translation</u> - Thursday, March 21 st , 05.00 _{pm} -07.00 _{pm} (free of charge) | | | | | |
| SOCIA | AL PROGRAM | | | | | |
| [_] | ABSOLUTE PARTY: Friday March the 22 nd [] Absolut Perio - Dinner & Party (1 after-dinner drink included) € 50 – 08:30 _{pm} | | | | | |
| | [] Absolut Perio – Only Party (1 drink included) € 15 – from 10:30 _{pm} | | | | | |
| | FTER CONGRESS: Let's learn from the Experts! lunch included - Saturday March 23 rd , 02.00 _{pm} - 05.00 _{pm} | | | | | |
| | mporary - LIMITED ATTENDANCE English language for International Members (Dentists and Senior Dental Students) free of charge - LIMITED ATTENDANCE | | | | | |
| |] Implants in Periodontal Patients - Raffaele Cavalcanti - Rodolfo Gianserra (reserved to SIdP International Members - | | | | | |
| Uold in | Dentists and Senior Dental Students - (free of charge, lunch included) | | | | | |
| | Italian language, with no simultaneous translation] Reconstructive surgical techniques for the treatment of peri-implantitis – Mario Roccuzzo (open to Dentists and Senior Dental Students) Registration fees: Dentist € 99 – Senior Dental Students € 49 | | | | | |
| |] Supportive therapy: Rational, potential and complications- Cristiano Tomasi (open to Dentists and Dental Hygienists) Registration fees: € 99 | | | | | |
| |] How to communicate disease to the patient – Silvia A. Masiero - Giacomo Gualini - Denise Calzolari <u>(open to the entire dental</u> am: Dentist, Hygienist, Dental Assistant, Secretary) | | | | | |

Dentists € 99, Dental Hygienist € 99, Dental Assistant € 60, Secretary € 60

| Also subscribing: | | | | | | |
|--|--|---|---|--------------------------------------|--|--|
| Secretary € 60: Name: | Surname: | Email: _ | | | | |
| Dental Assistant € 60: Name: | Surname: | Email: | | | | |
| | | | | | | |
| | TOTAL AMOUNT DUE € | | | | | |
| PAYMENT CAN BE MADE VIA: | | | | | | |
| | (please speci ontology and Implantology on ac 0000 0010 048 - SWIFT CODE: B | count No. 1000000100 | | | | |
| ☐ Credit Card | | | | | | |
| VISA/MASTERCARD n. [][_ | _][][] [][][| | _] [_][_][| | | |
| CVV VISA/MASTERCARD [][] | [] VISA/MASTERCA | RD expiration date: MON | ith/year [][_ | _]/[][] | | |
| Name and Surname of the Owner | | | | | | |
| authorize the Italian Society of Perio | odontology and Implantology to | charge me for the amo | unt of € | | | |
| Owner's Signature: | | | | | | |
| Pursuant to Regulation EU 679/2016 and subsethrough the present form, shall be processed belectronic means for purposes related to the fuyou may, at any time, request the rectification sending a request: privacy@sidp.it. The full information policy is available in our off Consent for the processing of data indicated above also ask you to give us consent for the follo Fulfilment of obligations related to the organ | quent amendments, we inform you that y Società Italiana di Parodontologia e Im ilfilment of organizational obligations, ar or erasure of data, and object to the send fices or at the following website: www.si bove is not required as it is indispensable wing purposes: | your personal data (points a) a plantologia - SIdP, the data con nd shall not be transferred to th ding, on our part, of advertising idp.it. for obtaining membership in S | ntroller, including tl hird parties without gg material or comm | hrough the use of t your consent. | | |
| The sending of information on new initiatives For dissemination (publication of your person For communication to third parties (companies) | s or institutional courses and promotiona nal data on the websites www.sidp.it and | al material d www.gengive.org) | [YES] [NO] [YES] [NO] [YES] [NO] | | | |
| Date | Signature | | | | | |

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

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

Fax +39 055 2345637 - e-mail: segreteria@sidp.it