



# Italian Society of Periodontology and Implantology

## Subscription form - 2020

### Personal Data:

Surname \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_

ID number issued by the relevant revenue authorities \_\_\_\_\_

### Invoicing Details:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_

Tax Payers Code No. VAT CODE (mandatory if present) \_\_\_\_\_

<b>REGISTRATION FEES (VAT 22% included):</b>	<b>By February the 14<sup>th</sup>, 2020</b>	<b>From February the 15<sup>th</sup>, 2020</b>
International Ordinary Member	€ 200	€ 250
International Dental Hygienist Member	€ 150	€ 180
International Dental Student	€ 80	€ 100
International Undergraduate DH Student	€ 50	€ 70

For Student Members: please attach a photocopy of a document certifying the status.

**I wish to subscribe to the Italian Society of Periodontology and Implantology for the year 2020 as:**

International Ordinary Member

International Dental Student

International Dental Hygienist Member

International Undergraduate DH Student

