



REGISTRATION FROM

Reserved to SIdP International Members

PARTICIPANT'S DATA:

Name	Surname
Address	
Zip Code City	Country
Tel	Fax
E-mail	
ID number issued by the relevant revenue auth	orities
Prosthodontics, Students attending the faculty	oral Hygienists, Students attending the faculty of Dentistry and of Dental Hygiene. Course are Italian and English. Simultaneous translation will be
I do not attend the SIdP 23 rd National Congress and I do not attend the Updating Course in Florence thus I will participate in the IAO-EAO-SIdP Congress free of charge	
☐ I attend the SIdP 23 rd National Congress fee in the IAO-EAO-SIdP Congress	and/or the Updating Course in Florence thus I will pay the registration
INVOICING DETAILS: Company/Name-Surna	ne
Address	
Zip Code City	Country
Tax Payers Code No. (mandatory)	
VAT CODE (mandatory if applicable)	
Registration Fee (VAT included)	
☐ SIdP International Ordinary Member 2024	€ 200
☐ SIdP International Dental Hygienist Member	2024 € 120
\square SIdP International Student Member (Faculty	f Dentistry) 2024 € 100
☐ SIdP International Student Member (Faculty	f Dental Hygiene) 2024 € 80