Star	Italian Society of Periodontology
Italian Society	and Implantology
of Periodontology and Implantology Personal Data:	Subscription form - 2021

Surname		Name	
Address			
Zip Code	City		
State Country			
Birth Place	Country	Date of Birth	
Phone N	E-mail	@	
ID number issued by the relevant	revenue authorities		
Invoicing Details:			
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Address			
Zip Code	City		
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Tax Payers Code No. VAT CODE (mandatory if present) _____

REGISTRATION FEES (VAT 22% included):	By April the 30 th , 2021	From May the 1 st , 2021	
International Ordinary Member	€ 210	€ 240	
International Dental Hygienist Member	€ 150	€ 180	
International Dental Student	€80	€ 100	
International Undergraduate DH Student	€ 50	€ 70	

<u>For Student Members</u>: 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 2021 as:

□ International Ordinary Member

□ International Dental Student

□ International Dental Hygienist Member

□ International Undergraduate DH Student

Payment can be made via:

□ Wire Transfer* of €	_ (please specify your Surname,
Name and "SIdP Member 2021") to the Italian Society of Periodontology and 100000010048 at Bank "Intesa Sanpaolo SpA" IBAN CODE: IT72 X030 6902 9221 0000 0010 048 - SWIFT CODE: BCITITMM	Implantology on account No.
□ Credit Card	
VISA/MASTERCARD n. [][][][] [][][][][][_	_][][]
EXPIRATION DATE [][]/[][] CVV [][]	
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) and b) of the privacy policy below), acquired through the present form, shall be processed by Italian Society of Periodontology and Implantology - SIdP, the data controller, including through the use of electronic means for purposes related to the fulfilment of organizational obligations, and 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 advertising material or commercial information by sending a request: <u>privacy@sidp.it</u>.

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 in *SIdP*.

We also ask you to give us consent for the following purposes:

•	Fulfilment of obligations related to the organization of events	[YES]	[NO]
•	and promotional material	[YES]	[NO]
	For dissemination (publication of your personal data on the websites <u>www.sidp.it</u>	[YES]	[NO]
•	• For communication to third parties (companies working in the sectors of our institutional sponsors)	[YES]	[NO]

Please type or print and send to:

SIdP - Italian Society of Periodontology and Implantology Operative Office: Via del Gelsomino, 20- 50125 Firenze Fax +39 055 2345637 E-mail: segreteria@sidp.it