INTERNATIONAL Piezosurgery Academy ®

Registration Form ESSENTIAL COURSE 2014

I will participate to

Saturday November 15th 2014 Course in English

Milano, Auditorium San Paolo, Via Giotto 36 (cod. 1591 – E)

As: ☐ **IPA Member** € . 350,00 ☐ **Not IPA Member** € . 400,00 ☐ **Complimentary**

Family Name_____ First Name_____

Address_____ _____

Zip cod _____ City _____ State. _____

Phone _____ Cell _____

e-mail _____

PLEASE INVOCE TO:

Heading_____

Address _____ _____

Zip Code _____ City _____ State. _____

Vat number ☐☐☐☐☐☐☐☐☐☐☐ (compulsory only for Italian participants)

Fiscal code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (compulsory only for Italian participants)

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Date_____ Signature_____

Please fill this form and send by e-mail or fax to:

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