



Cadaver Lab & Endodontic Surgery Verona (I), 26-28 November 2026

For Dentists – ACCREDITED FOR CME PURPOSES

REGISTRATION FORM

The form must be fully completed and sent via e-mail to: aie@accademiaitalianaendodonzia.it.
The Secretariat will send written confirmation once your registration request has been accepted.

Personal Information

Surname: _____
Name: _____
Address: _____
Postal Code: _____ City: _____ Country _____
Phone: _____ E-mail: _____
Place of birth: _____ Date of birth: _____

BILLING INFORMATION (mandatory)

Company/Legal Name: _____
Address: _____
Postal Code: _____ City: _____
Country: _____
Tax Code (mandatory): _____
VAT Number (mandatory, if applicable): _____

COURSE INFORMATION

The Course has a limited number of participants: the first 16 registration requests received by the AIE Secretariat will be accepted. The Course is open only to those legally qualified to practice dentistry. A deposit equal to 50% of the registration fee must be paid upon registration.

Cancellations will only be accepted upon written request sent to the Organizing Secretariat. Refunds (minus €50.00 for administrative costs) will be granted for cancellations received at least 60 days before the start of the course. After this deadline, no refunds will be issued. If the course is already full at the time of registration, the deposit will be fully refunded.

Registration Fees

Qualification	By January 31, 2026	Feb. 1 – Apr. 30, 2026	From May 1, 2026
AIE Member 2026*	€ 2,400	€ 2,650	€ 2,850
Non-AIE Member	€ 2,750	€ 2,950	€ 3,150

*Discover the many benefits offered to AIE Members:
<https://www.accademiaitalianaendodonzia.it/en/become-aie-member/>

The fee includes:

- ECM credits (subject to completion of accreditation procedures)[°]
- Coffee breaks and lunches,
- Certificate of attendance,
- Participation in the social closing dinner,
- Disposable materials and consumables, microscopes, and surgical instruments for hands-on sessions provided by the organization.

Participants are responsible for providing burs, red contra-angle handpiece, and any personal magnification systems for practical sessions. Any additional required materials will be communicated in advance.

[°] **Italian ECM credits** are not automatically recognized abroad. However, the Italian Academy of Endodontics AIE may issue documentation that can be used for recognition in the participant's country of origin, in accordance with the regulations of the relevant national authority.

PAYMENT METHODS

Upon registration, a deposit of €1,500 is required. The balance must be paid by November the 5th, 2026, by bank transfer to: ACCADEMIA ITALIANA DI ENDODONZIA - Bank: BPM - Banca Popolare Milano

IBAN: IT95 Y 05034 22803 0000000 19340 - SWIFT: BAPPIT21

Please indicate in the payment reference: "Name/Surname of participant – deposit or balance CadaverLab 2026". Send a copy of the payment receipt to aie@accademiaitalianaendodonzia.it

Privacy Policy and Consent for Personal Data Processing

In compliance with EU Regulation 679/2016 and subsequent amendments, we inform you that your personal data, collected through this registration form, will be processed by the Italian Academy of Endodontics, as the data controller, including by electronic means, for purposes related to the fulfillment of membership obligations. Your data will not be shared with third parties without your consent.

At any time, you may request correction or deletion of your data or object to receiving advertising or commercial information by contacting: aie@accademiaitalianaendodonzia.it. Full privacy policy is available at our offices or on our website: <http://www.accademiaitalianaendodonzia.it>. Consent to process the above data is required for registration (otherwise, registration cannot be completed). We also ask you to grant your consent for the following purposes:

Purpose	YES	NO
Activities related to event organization	<input type="checkbox"/>	<input type="checkbox"/>
Sending information about new initiatives, courses, or promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Communication with third parties (sponsoring companies, institutional partners)	<input type="checkbox"/>	<input type="checkbox"/>

Date: _____

Signature: _____