

APPLICATION FORM

Application form to obtain the qualification as Ordinary Member, Junior Ordinary Member * and Attending Student of the Italian Academy of Endodontics, AIE.

* May belong to this category all those who are in possession of the legally recognized title to the exercise of the dental profession and who have achieved the academic degree in the two years preceding the application. Please indicate year of graduation.

The undersigned _____

hereby requests to be registered for the year 2017 at the Italian Academy of Endodontics, AIE

To this purpose, he/she states the following: Qualification: Prof Dr Mr Ms

Surname _____ Name _____

Place of birth _____ Date of birth _____/_____/_____

No. of registration at the Dentists National Board _____

Data for invoice emission:

Company name: _____

Address _____

ZIP Code _____ City _____ Prov. _____ State _____

Fiscal Code (mandatory) _____

VAT number (mandatory, if present) _____

Phone _____ Fax _____

E-mail _____

The ORDINARY MEMBERS and the JUNIOR ORDINARY MEMBERS in good standing with the membership fee for the year 2017 are entitled to:

- receive a 20% discount on books published by Griffin publ.
- receive a 10% discount on books published by Thieme
- enjoy a 10% discount on books published by Piccin Nuova Libreria and exposed at the AIE events
- access through the members area, the exclusive database produced by Ebsco Publishing called DENTISTRY ORAL & SCIENCES SOURCE, collection of more than 180 full-text journals, monographs, citations indexes and dental sciences

I wish to subscribe to the Italian Academy of Endodontics for the year 2017 as:

Foreign member € 180.00

Payment methods:

Bank check, made payable to the Italian Academy of Endodontics.

Bank transfer (enclose copy) in favor of the Italian Academy of Endodontics
IBAN: IT 69M0558422800000000019340

Guarantee of confidentiality. Having read the information (TU 196/2003) contained in the website www.accademiaitaliandiendodonzia.it I authorize the sending of advertising material concerning other courses or seminars organized by the Academy: YES NO

I have acknowledged the Constitution and By-laws of the Italian Academy of Endodontics published on the website www.accademiaitaliandiendodonzia.it

Date: _____ Signature _____

This application form will be considered valid only if completed in all its parts.

Please typewrite or complete in block capitals and send it together with your bank check or a photocopy of the bank transfer to:

Dr. Alberto Pellegatta –AIE Secretary

Via Piave, 6 -21052 Busto Arsizio (VA), Italy

Tel / Fax: +39 686 222 0331

E-mail: segreteria@accademiaitalianaendodonzia.it