

**Personal Data:**

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:**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_

Tax Payers Code No. VAT CODE (mandatory if present) \_\_\_\_\_

REGISTRATION FEES:	By January 15, 2025	From January 16, 2025
<b>International Ordinary Member*</b> - <i>Dentist graduated and licensed to practice dentistry in countries outside Italy</i>	€ 250	€ 280
<b>International Ordinary Member up to 31 years*</b> - <i>Dentist graduated and licensed to practice dentistry in countries outside Italy</i>	€ 150	€ 180
<b>International Dental Student Member§</b> - <i>Students enrolled in the Degree Course of Dentistry, the Graduate Students enrolled in a Specialization School of dental area, the PhD Students</i>	€ 60	€ 80

# For Student Members: please attach a photocopy of a document certifying the status.

☐ International Ordinary Member International

☐ International Ordinary Member up to 31 years

☐ International Dental Student

☐ Wire Transfer\* of € \_\_\_\_\_

● IBAN: IT 95 Y 05034 22803 0000000 19340 – SWIFT: BAPPIT21101

VISA/MASTERCARD n. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

EXPIRATION DATE [ ][ ]/[ ][ ]/[ ][ ][ ][ ] CVV [ ][ ][ ]

Name and Surname of the Owner:

I authorize the Italian Academy of Endodontics to charge me for the amount of € \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

*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: [info1accademiaitalianaendodonzia.it](mailto:info1accademiaitalianaendodonzia.it).*

The full information policy is available in our offices or at the following website [www.accademiaitalianaendodonzia.it](http://www.accademiaitalianaendodonzia.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] |
| • The sending of information on new initiatives or institutional courses and promotional material   | [YES] | [NO] |
| • For dissemination (publication of your personal data on the websites <a href="http://www.accademiaitalianaendodonzia.it">www.accademiaitalianaendodonzia.it</a> | [YES] | [NO] |
| • For communication to third parties (companies working in the sectors of our institutional sponsors)   | [YES] | [NO] |

**Italian Academy of Endodontics / Operative Office:** Via del Gelsomino, 20 • I-50125 Firenze  
Fax +39 055 4089445 / E-mail: [aie@accademiaitalianaendodonzia.it](mailto:aie@accademiaitalianaendodonzia.it)