



2-4 December 2023 - ICLO Verona (Via Evangelista Torricelli 15/A, Italy)

REGISTRATION FORM

Participant's Data

Name _____

Surname _____

Address _____

Zip Code _____ City _____ Country _____

Tel _____ Mobile _____

Email _____ @ _____

Invoicing details

Company Name _____

Address _____

Zip Code _____ City _____ Country _____

Tax Payer Code no. (mandatory) _____

Vat Code (mandatory if applicable) _____

The Course has a limited number of participants: the first 16 applications will be accepted once received by the AIE Secretariat. The Course is reserved for those who hold a legally recognized qualification for the practice of dentistry.

Cancellation of registration will be accepted only upon written request addressed to the Organizing Secretariat. A refund of the registration fee (net of € 50.00 for administrative costs) is provided for cancellations communicated to the Secretariat within 40 days from the beginning of the Course. No refund will be due after that date. If, at the time of registration, the available places are exhausted, the deposit will be fully refunded.

The application for participation must be sent, together with payment, by means of this form, completed in its entirety, by e-mail to: info1@accademiaitalianaendodonzia.it. It will be the Secretariat best care to send written notice of acceptance of the application.

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 Academy of Endodontics, 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: info1@accademiaitalianaendodonzia.it. The full information policy is available in our offices or at the following website www.accademiaitalianaendodonzia.it

Consent for the processing of data indicated above is not required as it is indispensable for obtaining membership in AIE.

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 www.accademiaitalianaendodonzia.it) [YES] [NO]
- For communication to third parties (companies working in the sectors of our institutional sponsors) [YES] [NO]



Registration fees

Qualification	By April the 1 st 2023
AIE International Member 2023	€ 2.600
Non AIE International Member 2023	€ 2.900

Modality of payment

- **50%** of the registration fee **at the time of registration**
- **50%** of the registration fee **by September the 30th 2023**

I wish to register as AIE International Member* 2023 / Non AIE International Member 2023

The fees include: coffee-break and lunch services, the certificate of attendance, participation in the social dinner. **Disposable and consumable materials, microscopes and surgical instrumentation for practical exercises will be provided by the organization.**

***Discover AIE membership benefits by [clicking here](#)**

Payment can be made via:

WIRE transfer to ACCADEMIA ITALIANA DI ENDODONZIA
IBAN: IT95Y0503422803000000019340 - SWIFT code **BAPPIT22** at BPM Banca Popolare Milano Ag. 101 Via F.lli d'Italia. Busto Arsizio (VARESE - I)
Please specify your Surname, Name and "Cadaver Lab 2023" and attach your receipt to this form.

Credit Card VISA/ MASTERCARD

[_][_][_][_] [_][_][_][_] [_][_][_][_] [_][_][_][_]

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

Name and Surname of the Owner: _____

I authorize the Italian Academy of Endodontics AIE to charge the amount of € _____

Owner's Signature: _____

Date: _____ Signature _____

**Please type or print and send to: Italian Academy of Endodontics
Fax +39 055 2345637/ E-mail: info1@accademiaitalianaendodonzia.it**