

## REGISTRATION FORM

### Peri-Implantology Curriculum by prof. Markus Hürzeler

Please return the completed form by fax: +48 71 335 70 90 or e-mail: edukacja@dental-depot.com  
contact phone number: +48 71 335 70 71.

#### PLEASE FILL OUT THE FORM LEGIBLY:

Academic Title: \_\_\_\_\_  
(necessary to issue a certificate)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

#### INVOICE:

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

TAX NUMBER \_\_\_\_\_

#### ORDER:

Peri- Implantology Curriculum by  
prof. Markus Hürzeler

- 1st MODULE January 23 - 25, 2015
- 2nd MODULE June 26 - 27, 2015
- 3th MODULE January 29 - 30, 2016
- 4th MODULE June 24 - 25, 2016

#### PAYMENTS:

1600 EUR .....

Dental Depot Wasio

BANK PKO BP SA: 03 1020 5242 0000 2102 0192 7169

address: Lipowa str. 32, 53-124 Wroclaw, Poland

Hurzeler. dr ..... (name)

#### REGISTRATION/ CANCELLATION

To Provide each course participant with a focused and personalized educational experience, the number of participants is limited and registration is accepted on a first-come first-served basis.

Full tuition payment must accompany all registration forms. Upon receipt of registration form and tuition fee, DDW will send you a confirmation.

Confirmed registrants

unable to attend the course can obtain a refund (less 10% administration fee) no later than 14 days prior to the course date. Cancellations past that date will be subject to an additional penalty.

DDW reserved the right to cancel a course no later than 14 days period to the course date.

Continuing educational credits awarded in Poland for participations in the DDW activity may not apply toward license renewal countries. It is responsibility of each participant to verify the requirement.

.....  
Date

.....  
Podpis Uczestnika \*)