

## Payment and registration form

### Advanced Training Workshop TO-0524 Periodontal Regeneration Revisited

Cost of the course: € 4.000,00 (including VAT)

#### Registration Module

Name _____	Family Name _____	
Address _____	City _____	
Postal code _____	Country _____	
Phone _____	Cell phone _____	Fax _____
e-mail _____		
VAT or SSN # of payee or Tax Identification Number _____		

Registration fee of  € 4.000,00 (with VAT)  
can be paid through

**Wire Transfer** to:

Tangram-Odis srl – Banco Popolare Società Cooperativa,  
Agenzia 1 – Viale Mazzini, Firenze c/c n° 382703,  
IBAN: IT82R0503402802000000382703  
SWIFT: BAPPIT21N26

**Please indicate in the wire transfer: TO-0524 May 2024**

**Credit Card:** Fill the Credit Card Authorization form

*Please, fill the form in all its parts, enclose the wire transfer receipt and*

– mail to: [Tangram - Odis srl](mailto:corsi@tangramodis.it)  
[Via C. Botta 16 - 50136 FIRENZE, Italy](mailto:corsi@tangramodis.it)  
– or fax to: [+ 39 055 241021](tel:+39055241021)  
– or e-mail to: [corsi@tangramodis.it](mailto:corsi@tangramodis.it)

We are sorry not to be able to offer refunds or discounts for your cancellation of  
the course at any time after confirmation.

[TangramOdis srl, via C Botta 16, Firenze](mailto:corsi@tangramodis.it)

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## Credit Card Authorization Form

“Advanced Training Workshop TO-0524 Periodontal Regeneration Revisited”

Payment Card Details: *Please complete and return to us the form below*

Card Type:

VISA    MasterCard    Maestro    Other \_\_\_\_\_



*NO Diners Club & American Express*

Card Number \_\_\_\_\_

CVC security N° \_\_\_\_\_      Expiration date \_\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Postal Code \_\_\_\_\_      City \_\_\_\_\_

Country \_\_\_\_\_

I hereby authorize **TangramOdis srl** to charge to my credit card the amount of

€ 4.000,00 (with VAT)

for the Advanced Training Workshop TO-0524 Periodontal Regeneration Revisited

Family Name \_\_\_\_\_      Name \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to us the Authorization Form completely filled in capitals

Return by **fax + 39 055 241021**

*The due invoice will be forwarded by email.*

TangramOdis srl, via C Botta 16, Firenze