

Payment and Registration Form

Advanced Training Workshop TO-0526 Soft Tissue Management Around Implants & Treatment of Peri-Implantitis

Cost of the course: € 3.500,00 (plus VAT 22%) Total € 4.270

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 ☐ € 4.270,00 (with VAT)

For EU Residents only

Registration fee ☐ € 3.500,00 (without VAT)

EU Residents with a VAT registration in their own country could request to personally pay the VAT through the mechanism of the "reverse charge" (art. 17 DPR 633/72).

Pay 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-0526 May 2026

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

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

Return by **e-mail to: corsi@tangramodis.it**

The due invoice will be forwarded by e-mail.

We are sorry not to be able to offer refunds or discounts for your cancellation of the course after confirmation. Cancellation due to special documented events will be considered by the TangramOdis Administration as partly refundable

TangramOdis srl, via C Botta 16, 50136 Firenze

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Credit Card Authorization Form "Advanced Training Workshop TO-0526 on Implants"

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

☐ € 4.270,00 (with VAT)

☐ € 3.500,00 (without VAT)

for the Advanced Training Workshop on Implants TO-0526

Family Name _____ Name _____

Signature

Date

Please return to us the Authorization Form completely filled in capitals

Return by **e-mail to: corsi@tangramodis.it**

The due invoice will be forwarded by e-mail.

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