



Credit Card Authorization Form

Course TO-0220 - March 18 - 20, 2020

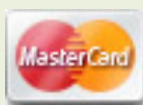
"Advanced Training Workshop on Periodontal Microsurgery"

Cost of the course: € 3.538 (€ 2.900+638 VAT: VAT is the Italian Value Added Tax)

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

☐ Total fee of € 3.538 or ☐ € 2.900 (applying the reverse charge*)
for the **Course TO-0220**.

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.

** 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).*

TangramOdis srl, via C Botta 16, Firenze