

Payment and registration form

Register online at www.tangramodis.it/en page “Activities”

Cost of the course: € 3.050,00 (including € 550 VAT*, the Italian tax)
(Including lunches, coffee breaks, use of simulators, use of instruments and materials for hands-on surgery; a guided tour of the Firenze most famous monuments and a visit to a wine farm with wine testing & dinner)

Registration Module for the “Advanced Training Workshop on Periodontal Regeneration” TO-0422

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

Payment: the total fee of ☐ € 3.050 (with VAT) or ☐ € 2.500 (without 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: Course TO-0422

☐ **Credit Card:** Download the Credit Card Authorization form our website

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

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

** 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](http://www.tangramodis.it)



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Credit Card Authorization Form

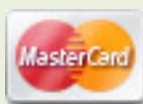
Course TO-0422 "Periodontal Regeneration" April 28-30, 2022

Total fee including VAT € 3.050,00

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

☐ € 3.050,00 (with VAT) for the **Course TO-0422**.

☐ € 2.500,00 (without VAT) for the **Course TO-0422**.

(Please choose the due amount)

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