

Payment and registration form

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

Cost of the course: € 4.270,00 (including € 770 VAT*, the Italian tax)
(Including lunches, coffee breaks, use of simulators, use of instruments and materials for hands-on surgery)

Registration Module for the “Advanced Training Workshop on Soft Tissue Management & Treatment of Peri-implantitis” TO-2310

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 € 4.270 (with VAT) or € 3.500 (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-2310

Credit Card: fill the enclosed 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

We are sorry not to be able to offer refunds or discounts for your cancellation of the course at any time after confirmation. Exception to this rule are extraordinary events as changes in Covid regulations or unpredictable severe happenings.

** 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-2310 "Soft Tissue Management & Treatment of Peri-implantitis"

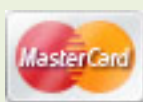
October 11 - 14, 2023

Total fee including VAT € 4.270,00

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

€ 4.270,00 (with VAT) for the **Course TO-2310**.

€ 3.500,00 (without VAT) for the **Course TO-2310**.

(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