

REGISTRATION FORM

Deadline for reduced fee: August 1, 2005

Please complete this form and send to: **studioGi srl** - Via Monte Rosa 14 - 20149 Milano - Italy Fax: **+ 39 02 48011894** - Please guarantee your registration(s) with the corresponding payment, otherwise studioGi cannot consider your form

SURNAME (FAMILY NAME): _____

FIRST NAME: _____

TITLE (MR./MRS./DR./PROF.): _____

FUNCTION/SPECIALTY: _____

DEPARTMENT/INSTITUTION/COMPANY: _____

MAILING ADDRESS: _____

CITY: _____ POSTAL CODE: _____

COUNTRY: _____ TELEPHONE: _____

FAX: _____ E-MAIL: _____

ACCOMPANYING PERSON (ONLY ONE) SURNAME/FIRST NAME: _____

FISCAL CODE (EU Citizens only): _____

VAT NUMBER (if applicable): _____

REGISTRATION FEES

(Registration includes a welcome reception, four refreshment breaks, two lunches and 20% VAT taxes)

	Payment Date as Postmarked	
	Before Aug. 1	After Aug. 1
<input type="checkbox"/> IDEALS Members	330 Euro*	400 Euro*
<input type="checkbox"/> ANDI Members	330 Euro	400 Euro
<input type="checkbox"/> Students	250 Euro	350 Euro
<input type="checkbox"/> All Others	430 Euro**	500 Euro**
<input type="checkbox"/> Congress Dinner	55 Euro	70 Euro
<input type="checkbox"/> Congress Dinner for Accomp. Person	55 Euro	70 Euro
Subtotal in Euro	_____	_____

* This discounted fee is only available to IDEALS members who have paid at least two years of membership dues.

** Fee includes the congress registration and (*please choose*):

Euro 100 for two-year IDEALS membership or

Euro 100 coupon towards the ANDI annual subscription.

PAYMENT

(Please choose method of payment)

BANK TRANSFER

TO: **studioGi**, BANCO DI BRESCIA, Agenzia 7, Via Monte Rosa 16,
20149 MILANO

IBAN CODE: IT 34H 03500 01607 0000000 15404

SWIFT CODE: BCABIT21158

Please indicate your name, first name on the payment. It is extremely important that this information is made available together with the payment, in order for **studioGi** to trace the payment.

Bank transfer date
amount transferred..... (copy enclosed)

CHECK / INTERNATIONAL MONEY ORDER (enclosed)

Check Number:

Amount in Euro.....

VISA CREDIT CARD MASTERCARD

Card number

Expiration Date

I consent to **studioGi** debiting my card in the amount of: Euro

Cardholder's Name

In respect to the law D.L. 675/96 your above indicated personal details will be only used for publication referring the 6th International Congress on Dental Law and Ethics

SIGNATURE DATE

CALL FOR PAPERS / INFORMATION

If you need information about Congress location, travel, accommodation, registration please specify:

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.....

The congress organizers strongly encourage all congress participants to submit abstracts for presentations or posters during the congress. The submission deadline is May 15, 2005 but early submissions are welcomed. If you wish to submit a paper or a poster, please visit the congress website at www.ideals.ac or email congressabstracts@ideals.ac

For other information please contact Dr. Vilma Pinchi
(pinchi@unifi.it or congressinfo@ideals.ac)