

DIAGNOSIS AND TREATMENT PLANNING ACCORDING TO THE FACE - ROTH PHILOSOPHY

REGISTRATION FORM

(Please e-mail or fax this form to the contacts details listed below)

Name: _____

Surname: _____

I am: a) orthodontist b) oral surgeon c) prosthetist
(Please encircle adequately) d) implatologist e) general dentist f) student

Address: _____

Telephone / Fax number: _____

E-mail: _____

Company: _____

Please make the payment by March 22, 2012

(After the mentioned date participants should not be provided with congress materials and Certificates)

Congress fee:

For doctors 400,00 Eur

For students 150,00 Eur

Above mentioned rates include VAT.

Students must send Student ID via e-mail or fax and register by February 29, 2012

(After the mentioned date, registrations will not be considered)

Date: _____

Signature: _____

Please fax this form to: ++385 1 4613484 or send it via e-mail: alpex@mail.inet.hr

Please sent the Registration form by March 15, 2012