

Payment and registration form

Advanced Training Workshop TO-1025 Periodontal Regeneration Revisited

Cost of the course: € 4.000,00 (including VAT)

Registration Module

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

Registration fee of € 4.000,00 (with 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: TO-1025 October 2025

Credit Card: Fill the 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
- or e-mail to: corsi@tangramodis.it

We are sorry not to be able to offer refunds or discounts for your cancellation of the

[TangramOdis srl, via C Botta 16, Firenze](mailto:corsi@tangramodis.it)

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Credit Card Authorization Form

"Advanced Training Workshop TO-1025 Periodontal Regeneration Revisited"

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

€ 4.000,00 (with VAT)

for the Advanced Training Workshop TO-1025 Periodontal Regeneration Revisited

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