

Modena
 February 2-3, 2018

Italian Meeting of Computer Aided Implantology Academy Italian Annual Meeting 2018

REGISTRATION FORM

Please complete this form and send it to the Organizing Secretariat ADB Eventi&Congressi
 (e-mail info@adbcongressi.it) within **January 26, 2018**

PERSONAL DATA

NAME _____

SURNAME _____

CLINIC/HOSPITAL _____

ADDRESS (STREET AND NUMBER) _____

POSTAL CODE OR P.O. BOX _____

CITY _____

COUNTRY _____

PROFESSION

- Dentist
- Physician (maxillofacial surgery, radiology)
- Dental technician nurse
- Radiology technician
- Dental hygienist
- Student
- Other

PHONE NUMBER (INCLUDING COUNTRY CODE) _____

MOBILE NUMBER (INCLUDING COUNTRY CODE) _____

E-MAIL ADDRESS _____

FISCAL CODE _____

REGISTRATION

The registration for the Meeting is **free** and includes:

- access to the Scientific Session
- accesso to the Workshop Session
- access to the exhibition area
- CME Credits

WORKSHOPS

I also will attend the following Workshops:

- Workshop 1° Room A at 9.30
- Workshop 2° Room A at 10.30
- Workshop 3° Room A at 11.30

GALA DINNER

The Gala Dinner will take place on **February 2, 2018**

Gala Dinner: € 85,00 per person vat included

I would like to book the Gala Dinner for _____
 (indicate number) person/ persons

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ACCOMMODATION FORM

Please complete this form and send it to the Organizing Secretariat ADB Eventi&Congressi (e-mail info@adbcongressi.it) within **January 26, 2018**

HOTEL RATES

Please indicate your hotel and room choice.

All rates quoted are per room, per night and include breakfast, service, taxes

Rates do not include local city tax, which will be charged directly in the hotel.

All requests will be managed on a first come first served basis.

Hotel accommodation must be requested within January 15, 2018: after this date the Organizing Secretariat will be unable to guarantee room availability, although every effort will be made to meet delegates' requirements.

Please note that hotel accommodation will not be effective until payment of the whole stay + € 15,00 per room as processing fee has been received by the Organizing Secretariat.

Canalgrande Hotel (****)

Address: Corso Canalgrande 6, Modena

Double room single use € 90,00

Double room € 100,00

DATE OF ARRIVAL

DATE OF DEPARTURE

TOTAL N. OF NIGHTS

TOTAL N. OF ROOMS

HOTEL ACCOMMODATION CANCELLATION AND REFUND POLICY

Cancellations should be notified in writing to the Organizing Secretariat. Refunds for cancellations will be granted according to the following deadlines:

- Cancellations made before January 15, 2018: 100% refund (minus 20% administration fee)
 - Cancellations made after January 15, 2018: no refund
- Refunds will be processed after the Workshop.

INVOICING DETAILS

NAME

SURNAME

COMPANY (if any)

FULL ADDRESS

VAT NUMBER / FISCAL CODE (if any)

PAYMENT

PAYMENT BALANCE:

Hotel accommodation: € _____

Processing fee (€15,00 per room): € _____

Total: € _____

Payment can be made by:

- Bank transfer to:
ADB Eventi&Congressi
 UNICREDIT - AGENZIA UGO BASSI
 IBAN: IT 10 0 02008 02435 000110019257
 BIC-SWIFT: UNCRITM1BA2

Bank transfers must be made in Euros, free of charges, clearly stating NAME and SURNAME of the delegate and "CAI 2018 ITALY". Please send copy of the receipt of payment, together with hotel accommodation form, to the Organizing Secretariat by fax or e-mail.