

**International Meeting SIDO-SFODF
EFFICIENCY TIMING AND THE FUTURE IN ORTHODONTICS
1ST MOIP CONGRESS Mediterranean Orthodontic Integration Project**

Palazzo del Casinò, Venezia Lido
May 9-11, 2008

SCHEDA ISCRIZIONE/ BULLETIN D'INSCRIPTION/ REGISTRATION FORM

- Dopo aver letto l'informativa sulla privacy (posta in calce), la presente scheda, debitamente compilata in ogni sua parte e firmata, dovrà essere inviata a CONGRESSHIP entro il 21 aprile 2008 via fax +39.010.59.99.499, email: venice2008@gastaldi.it
- Après avoir pris connaissance de la note d'information concernant le traitement des données à caractère personnel (au bas du document), veuillez retourner ce bulletin dûment rempli à CONGRESSHIP avant le 21 Avril 2008 par fax au +39 010 59 99 499, ou par courrier électronique à l'adresse suivante: venice2008@gastaldi.it
- After reading the information on privacy (at the bottom), the form, duly filled in all parts and signed, must be sent to CONGRESSHIP within April 21st 2008 via fax +39.010.59.99.499, email. venice2008@gastaldi.it

<input type="checkbox"/> Dr	<input type="checkbox"/> Prof	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms			
_____		_____		indirizzo _____		<input type="checkbox"/> studio	<input type="checkbox"/> abitazione
cognome/nom/surname		nome/prénom/name		adresse _____		<input type="checkbox"/> cabinet	<input type="checkbox"/> habitation
				address of _____		<input type="checkbox"/> office	<input type="checkbox"/> home
_____		_____		_____		cap/CP/zip _____	prov/dep/prov _____
città/ville/town		via/rue/adress					
_____		_____		_____		_____	
nato a/né(e) à/born in		il/le/on		tel _____		fax _____	
				_____		e-mail _____	

DATI PER LA FATTURAZIONE/ COORDONNÉES POUR LA FACTURATION/ INVOICING DATA		
_____		_____
Intestatario/ organisme-personne physique/ name		indirizzo/ adresse/ adress
_____	_____	_____
città/ville/town	codice fiscale/ code d'identification fiscal/fiscal code number	P.I./ TVA/VAT

TIPOLOGIA PARTECIPANTE/ PROFIL DU PARTICIPANT/ PARTICIPANT'S CATEGORY

DOCTORS'

The registration fee includes: Get together Party, Lunch for two days, Farewell Cocktail and taxes

	Registration cost	Management fee*
<input type="checkbox"/> SIDO member <input type="checkbox"/> 240,00	<input type="checkbox"/> _____	<input type="checkbox"/> _15,00_
<input type="checkbox"/> SFODF member <input type="checkbox"/> 240,00	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> MOIP member <input type="checkbox"/> 240,00	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> WFO member <input type="checkbox"/> 240,00	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> European Societies member <input type="checkbox"/> 340,00	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Accompanying persons <input type="checkbox"/> 70,00	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> non member <input type="checkbox"/> 500,00	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> specializing doctors under 30* <input type="checkbox"/> 160,00	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> CECSMO member* <input type="checkbox"/> 160,00	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Doctors Pre-Congress Course 8 May 2008 <input type="checkbox"/> 150,00	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Total <input type="checkbox"/> _____		

* extra charge for not registering on line 15,00 (taxes included) for each registration

* CESMO Members, Specializing Doctors and Students under 30 attending Master Courses will be applied the reduced fee only by producing to the Organizing Secretariat the photocopy of an identity document and a statement signed by the Director of their School.

SFODF DENTAL ASSISTANTS

Continuing Education Course for Dental Assistants 9 May 2008 □ 70,00

The registration fee includes: lunch and taxes

	Registration cost	Management fee*
<input type="checkbox"/> Surname and Name _____	<input type="checkbox"/> _____	<input type="checkbox"/> _15,00_
<input type="checkbox"/> Surname and Name _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Surname and Name _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
		Total □ _____

* extra charge for not registering on line □ 15,00 (taxes included) for each registration

SIDO DENTAL ASSISTANTS

Continuing Education Course for Dental Assistants 10 May 2008 □ 50,00

The registration fee includes: lunch and taxes

	Registration cost	Management fee*
<input type="checkbox"/> Surname and Name _____	<input type="checkbox"/> _____	<input type="checkbox"/> _15,00_
<input type="checkbox"/> Surname and Name _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Surname and Name _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
		Total □ _____

* extra charge for not registering on line □ 15,00 (taxes included) for each registration

DENTAL HYGIENISTS

SIDO - Continuing Education Course for Dental Hygienists 10 May 2008 □ 50,00

The registration fee includes: lunch and taxes

	Registration cost	Management fee*
<input type="checkbox"/> Surname and Name _____	<input type="checkbox"/> _____	<input type="checkbox"/> _15,00_
<input type="checkbox"/> Surname and Name _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Surname and Name _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
		Total □ _____

* extra charge for not registering on line □ 15,00 (taxes included) for each registration

EVENTI SOCIALI/ ÉVÈNEMENTS SOCIAUX/ SOCIAL EVENTS

Social Dinner – Saturday May 10th 2008 □ 66,00

<input type="checkbox"/> Surname and Name _____	<input type="checkbox"/> _____
<input type="checkbox"/> Surname and Name _____	<input type="checkbox"/> _____
<input type="checkbox"/> Surname and Name _____	<input type="checkbox"/> _____
	Total □ _____

GRAND TOTAL	Doctors _____	<input type="checkbox"/> _____
	Orthodontic Assistants _____	<input type="checkbox"/> _____
	Hygienists _____	<input type="checkbox"/> _____
	Social events _____	<input type="checkbox"/> _____
	Management fee □ 15,00 for each registration _____	<input type="checkbox"/> _____
	Grand Total	<input type="checkbox"/> _____

CONDITIONS DE PAIEMENT (à défaut des signatures requises ou de la copie du virement l'inscription sera ANNULÉE)
PAYMENT (if the form is not duly signed or a copy of the Bank transfer is not attached, the Registration will be considered VOID and will be cancelled)

- assegno bancario non trasferibile intestato a: Congressship First Moip Congress
 chèque bancaire non endossable établi à l'ordre de : Congressship First Moip Congress
 non transferable bank cheque made out to: Congressship First Moip Congress
- bonifico bancario a favore di Congressship First Moip Congress - Banca Intesa Sanpaolo – Sede di Genova
IBAN IT28C0306901400100000064573 (spese bancarie di emissione a carico del disponente)
 virement bancaire en faveur de Congressship First Moip Congress - Banca Intesa Sanpaolo – Siège de Gênes
IBAN IT28C0306901400100000064573 (Les frais bancaires de mandat seront à la charge du donneur d'ordre)
 Bank Transfer to Congressship First Moip Congress - Banca Intesa Sanpaolo – Genova IBAN
IT28C0306901400100000064573 (bank transfers costs to be paid by the ordering party)
- carta di credito/ carte de crédit/ credit card Cartasi VISA American Express
N° _____ CVV _____
data di scadenza/date d'expiration/expiry date _____ Nome intestatario _____
 Autorizzo Congressship Segreteria Organizzativa a prelevare dalla mia carta di credito
 Je soussigné/e autorise Congressship Secrétariat Organisateur à faire un prélèvement sur ma carte de crédit
 I authorize Congressship, Organizing Secretariat, to charge my credit card
- data/date _____ firma/signature _____

REGOLE GENERALI PER L'ISCRIZIONE/RÈGLES GÉNÉRALES POUR L'INSCRIPTION/GENERAL RULES FOR REGISTRATION

- Le schede dovranno essere compilate in modo leggibile in ogni parte e dovranno essere accompagnate dal pagamento (nel caso di bonifico allegare fotocopia della ricevuta).
- Le schede incomplete e/o prive di pagamento NON verranno prese in considerazione.
- È previsto un rimborso pari al 50% della quota di iscrizione per tutte le cancellazioni pervenute entro l'8 marzo 2008. Per tutte le cancellazioni pervenute dopo tale data nulla verrà rimborsato.
- Les bulletins devront être remplis de façon lisible dans toutes les parties et accompagnés du paiement (en cas de virement bancaire veuillez joindre la photocopie du reçu).
- Les bulletins incomplets et/ou non accompagnés du paiement NE SERONT PAS pris en compte.
- En cas d'annulation parvenue avant le 8 mars 2008, 50% des droits d'inscription sera remboursé. Passé cette date aucun remboursement ne sera effectué en cas d'annulation.
- The form must be duly filled in legibly, and must be accompanied by the payment of the fee (in case of bank transfer, please attach a copy of the bank receipt).
- Forms that are not complete or that do not include the payment will NOT taken into consideration.
- Cancellations received within March 8th 2008 will be refunded less 50% for administrative costs. Cancellations received after that date, will not be refunded.

Dichiaro di aver preso visione di tutte le regole (comprese quelle indicate nel programma) e di accettarle integralmente/
Je soussigné/e déclare avoir pris connaissance de toutes les règles (y comprises celles indiquées sur le programme) et de les accepter dans leur intégralité

I declare I read and accept all the rules, including those in the Congress General Information, and I accept them in their entirety.

data/date _____ firma/signature _____

**INFORMATIVA SUL TRATTAMENTO DATI / NOTE D'INFORMATION SUR LE TRAITEMENT DES DONNÉES A CARACTERE PERSONNEL
INFORMATION ON DATA PROCESSING**

Congressship srl. Mura di S. Chiara 1, Genoa, as the party responsible for the processing of your personal data, hereby informs you that, pursuant to Law Decree nr. 196/2003, the personal data supplied by you on this form will be processed for the organisation of this event using paper or electronic means. You are entitled not to provide your personal data. The granting of non-essential data marked ** is mandatory; failure to provide such data could prevent/hinder the dispatch of any urgent notices. The granting of all other data is necessary to fulfil legal and contractual obligations (i.e., billing, event participation) and failure to provide such data will prevent registration. The data may be notified for the above purposes to speakers, other participants in the initiative, persons helping to organise the event and/or to manage the data as external independent controllers (for EMI purposes to the event provider). The data will also be processed – with your consent, lack of which will only prevent receiving the information indicated below at point 2 – for:

- 1) the organisation and performance of similar initiatives and
- 2) the dispatch of informative material about the same initiatives by fax, mail, e-mail.

You shall be entitled at any time to exercise the rights indicated in article 7 and following articles of Law Decree 196/2003 and therefore know, obtain the cancellation, the amendment, the updating, etc., of your personal data, by contacting the Processing Manager, the Delegated Administration, domiciled at Mura S. Chiara 1, Genoa. The data will be processed by the persons in charge who perform organisation, accounts activities, etc.

Consent

The undersigned certifies having received the information indicated in art. 13 of Law Decree 196/2003 and expresses his/her consent as required by article 23 and following articles of the aforementioned law, for the processing and notification of his/her data by you for the purposes indicated on the information leaflet, including that at point 2).

Date _____ Signature _____