Saturday, 6th of September 2014 / Istanbul

BRIDGING DENTISTRYGC Congress Registration Form

PATICIPANT INFORMATION

Please fill in and send to info@turkey.gceurope.com

BRIDGING DENTISTRY



Name / Surname	:	
Adress	:	
Phone Number	:	Fax:
e-mail	:	Mobile Phone:
Certificate Name	dd your title on the certificate, please check	
	GREE TO CHARGE THIS AMOUNT FOR ISTRATION BRIDGING DENTISTRY CONRESS led	JOSHUA POLONSKY - OLD WISDOM, NEW SCIENCE HANDS-ON COURSE Location: Artifex Dental Laboratory Date: 05.09.2014, Hands-on Technician Course I agree to charge this amount for registration
Location: Artifex Dental La Lagree to charge this amou		FREE of CHARGE AND CEMENTATION AFTER TOOTH PREPARATION Location: Radisson Blu Hotel Date: 05.09.2014, Workshop for Dentists Registration needed
I WOULD LIKE T Vestiyer Akademi L		☐ I WOULD LIKE TO PAY CREDIT CARD
Türkiye İş Bankası (Türkiye İş Bankası (PTT – Posta Çeki H	(EUR) TR63 0006 4000 0021 1560 5917 12	
NOTES:		
	n that information above is correct and I agreed the cancellation of the congress belongs GC Europe Turkey. Vesta Academy	conditions of this event. You will see the details of cancellation conditions on web page: www.vyg.com.tr is only registration agency.
Card No		
PARTICIPANT / Name Surname:		Security code
CARD HOLDER / N		Signature

