



tomas® & amda® TAD Event | Ispringen, Germany | October 21 – 22, 2016



FAX to: +49 72 31/803 - 263

E-Mail to: events@dentaurum.de

Participant: Title, surname, first name

Accompanying person: Title, surname, first name

Address

Country

Phone

Mobile phone

Fax

E-mail

> Dinner October 21, 2016 at 6.45 p.m., participant:

Vegetarian yes no

Allergies yes no

> Dinner October 21, 2016 at 6.45 p.m., accompanying person:

Vegetarian yes no

Allergies yes no

> Credit Card details:

American Express MasterCard VISA Card

Card number _____ Security code _____

Expiration date _____ Credit card holder _____

> If the course participant is not granted a VISA and can therefore not attend the course, Dentaaurum reserves the right to charge a handling fee of € 250,00 for each reservation.

By signing this form, I confirm that I have read and accepted the terms and conditions of this event.

Date, signature

