International Piezoelectric Surgery Academy

Registration form

Send by fax to: MV Congressi S.p.A.
Via Marchesi 26 D 43126 Parma
fax 0039 0521-29.13.14
or by via e-mail piezosurgery@mvcongressi.It

Title, SURNAME and NAME _____

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ZIP CODE_____ **CITY** _____ **COUNTY**_____

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Birth date_____ **Birth Place**_____

I subscribe as: ☐ **ORDINARY/STUDENT Member €. 100,00** ☐ **ACTIVE Member €. 220,00**

I Send total Euros _____ for membership fee for year/s _____

☐ **Bank Transfer** (send together with this form) payable to: **IPA**
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☐ **Online payment with PAYPAL system on the https://www.piezoacademy.net/members-only**

☐ **Credit Card**

☐ VISA ☐ Mastercard (other credit cards are not allowed)

Month/Year

n° ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Valid until end _____/_____

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Date_____ **Signature** _____

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