



PLEASE FILL OUT THE FORM LEGIBLY:
(uppercase letters)

First Name and Last Name	
Academic Title	
Practice Name	TAX NUMBER
Address	Zip Code and City
Daytime Phone	E-mail Address

September 7-9, 2016 - 800 USD + 23% Tax

PAYMENTS:

ACCOUNT NUMBER:

NR IBAN: PL 78 1020 5242 0000 2102 0192 7177 for USD
SWIFT: BPKOPLPW

Address: Lipowa str. 32, 53-124 Wrocław, Poland, *please add your name and surname.*

POSSIBILITY OF PAYMENT IN PLN

Please, contact the office:
edukacja@dental-depot.com
tel. 71 335 70 76

Registration and Cancellation Policy

In order to provide each course participant with a focused and personalized educational experience, the number of registrants is limited for each course. Registration is accepted on a first-come, first-served basis. The Zimmer Biomet Institute ("ZBI") reserves the right to cancel courses that do not meet minimum enrollment no later than 14 days prior to the course date. ZBI is not responsible for reimbursement of a nonrefundable airline ticket or any other travel expenses in the event that a course is canceled. In the event that a registrant needs to cancel, written notification must be sent to edukacja@dental-depot.com

_____ Date

_____ Signature of Participant *

* I hereby agree to process my personal data included in my job application due to recruitment process



PLEASE RETURN THE COMPLETED FORM:

DENTAL DEPOT WASIO

fax: +48 71 335 70 90 or **e-mail:** edukacja@dental-depot.com
al. Lipowa 32, 53-124 Wrocław, Poland
Telephone: +48 71 335 70 71; +48 71 335 70 72,



PROVIDING SOLUTIONS - ONE PATIENT AT A TIME