PRE-REGISTRATION FORM - EOS Distinguished Teacher Lecture 2018
Prof. Anton Sculean, February 1, 2018

Please complete and send this Registration Form via **post**, **fax** or **email** to the Secretariat of Continuing Education in Dentistry, School of Dentistry, National and Kapodistrian University of Athens, 2 Thivon Street, Athens 11527, Greece (tel.: +30-210-7461133):

Fax: **+30-210-7461162**
email: **pfountouli1973@gmail.com**

Registration and payment will be possible on-site, but pre-registration using this form is preferred.

First Name:	Surname:
Postal Address:	
Telephone number:	Fax number:
E-mail:	

Please check		Fee (Euros)
☐	**Postgraduate student/resident**	free
☐	**Other**	€ 30.00

PAYMENT METHODS

Payment can be made by credit card or bank transfer. Personal checks are not accepted.

Bank Transfer

Please transfer the amount to the following bank account:

Bank:	Alpha Bank
Bank Address:	1 Korai Street, Athens 10564, Greece
IBAN:	GR 03 0140 8020 8020 0200 1000 227
Swift/BIC:	CRBAGRAA

Credit Card

We accept Visa and Mastercard. If paying by credit card, please **fax** or **post** (do not email) this form with your original signature.

☐ Visa   ☐ Mastercard

Card Number (16 digits): _____ Expiration Date: _____

CVV number (3 digits on back of card): _____

Name of cardholder: _____

I authorize you to charge my credit card the amount of Euro _____ for participation in the EOS Distinguished Teacher Lecture 2018.

Signature _____ Date _____

GENERAL INFORMATION

Cancellations are subject to a charge of 16%.

The personal data collected from this Registration Form are used solely to fulfill the purposes of your enrollment in the Continuing Education Activities.

I declare my participation in the Continuing Education Activities 2018 with this Registration Form.

Signature (or, print your name) _____ Date _____