

# ENROLLMENT FORM TRADITIONAL ORTHO SEMINAR 1 TILL 12 (12 Seminars of 4 days)

## STUDENT INFO

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

BIG nr: (for Dutch Dentist) \_\_\_\_\_

## INVOICE ADRESS:

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ Phone number: \_\_\_\_\_

Invoice Email address: \_\_\_\_\_

How you heard about POS? (please indicate with X your answer below)

- Referred by Doctor (name of 1 Doctor please): \_\_\_\_\_
- POS Brochure
- Dental Tribune Magazine
- Ntvt Magazine
- KNMT Tandartsengids
- Internet Search
- Otherwise: \_\_\_\_\_

Signing this form you enroll for all 12 Seminars.

The payment for seminars has to be done on Monday before each seminar starts.

Admission to any seminar, video or IAT access, case consulting, supply order, and SmileStream use is contingent upon your current financial standing from all previous seminars and any other fees.

*No attendance to a Seminar does not exempt of the payment of that seminar.*

### Payment of Seminars can be done by:

Transfer to our bank account:

LABORAL KUTXA

PROGRESSIVE DENTAL SUPPLIES SPAIN S.L.

IBAN: ES25 3035 0345 38 3450040482

SWIFT/BIC: CLPEES2M

CREDITCARD:

we accept Visa, MasterCard and American Express

**Student Signature**

PAYPAL:

you can send your payment to [progressive@pdsspain.com](mailto:progressive@pdsspain.com)

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