

APPLICATION FORM

Please return completed (in block letters) form by fax 0049 2374 9288-28

Herewith we confirm our participation as follows:

Title of course course location date

Title of course course location date

Title of course course location date

Please give us following information:

I am practising as a orthodontist Identist ☐ dental technician ☐

We are already using pressure moulding technique:

No ☐ Yes ☐ and are working with BIOSTAR® ☐ MINISTAR® ☐ MINISTAR S® ☐

other equipment:
detailed model, if possible

.....
clinic/laboratory

.....
address

.....
post code/city

.....
country

.....
state

.....
e-mail

.....
phone

.....
fax

.....
participant (first name/surname)

.....
participant (first name/surname)

.....
VAT Reg. no.

.....
date/sign

☐ I like to have vegetarian meal.

Remarks:

.....
.....
.....

.....
Stamp

Registration:

SCHEU-DENTAL GmbH, Am Burgberg 20, 58642 Iserlohn, Germany
Yasemin Maden, phone +49 2374 9288-22, fax -90, e-mail: y.maden@scheu-dental.com

Conditions of participation and payment:

Please note that confirmation with further details and invoice will be sent after registration. Payment has to be made by bank transfer or credit card (no AMEX) before the course. All payments have to be made in EURO and the fee is including VAT, if applicable. The course content is protected by copyright. Without prior consent of the lecturer and the organizer audio and video recordings are strictly forbidden.