



**EUROCCCLUSION ITALIA®**

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# APPLICATION FORM

I would like to register to the following course:

- OCCLUSION: FROM SWALLOWING TO MASTICATION: theoretical and practical course.*  
*Dott. Marcel Le Gall*
  
- IV WORKSHOP: EARLY ORTHOPEDIC TREATMENT: the art to treat children before the age of 6*  
*Dott. M.J. Deshayes*

**Name and Surname** \_\_\_\_\_

**Adresse** \_\_\_\_\_ **n°** \_\_\_\_\_

**City** \_\_\_\_\_ **ZIP code** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Head of the invoice (if different)**

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I consent to the processing of personal data related to the actual law

- Dr. Le Gall course: 900,00€ until june 30th after 1000,00€ VAT INCLUDED
- Dr. Deshayes course: 1300€ until june 30th after 1400,00€ VAT INCLUDED
- Both courses: 2100€ until june 30th after 2200,00€ VAT INCLUDED

FILL UP THE FORM AND SEND IT BY EMAIL OR FAX WITH THE BANK TRANSFER RECEIPT  
[svmedicalsrl@virgilio.it](mailto:svmedicalsrl@virgilio.it) or [info@eurooclusion.it](mailto:info@eurooclusion.it) or by fax at +39 035 250594



IBAN IT 93 L 03069 11106 1000 0000 7782



**Signature** \_\_\_\_\_