

REGISTRATION for SUMMER SCHOOL 2024 Vienna

July 24th - 28th, 2024 in Vienna

VieSID®

Vienna School of
Interdisciplinary Dentistry
Education in Occlusion Medicine

name: _____

address*: _____

*(includes country/street/postal code)

phone / mobile phone: _____

e-mail: _____

participation at Pre-SummerSchool Seminar (optional):
included in the fee (Tuesday July 23rd, 2024, 17:00 - 19:00)

☐ yes

participation at Get-Together-Dinner (optional):
(Friday July 26th, 2024)

☐ 1 person ☐ no

☐ 2 persons

☐ _ persons

The dinner is to be paid separately on site.

I hereby accept the terms and conditions of VieSID.

<http://dev.viesid.com/index.php/terms-and-conditions/>

Date/Signature: _____

Please send your registration via e-mail to: **info@viesid.com**

Venue: University Clinic of Dentistry Vienna, Sensengasse 2a, 1090 Vienna

Participation fee: Euro 1.400,00

After registration you will receive an email with the payment arrangements.

Billing address - please fill in if different from information above

name of the company: _____

c/o: _____

address: _____

European VAT or UID number**: _____

** must be filled in if company pays and must match billing address (EU only)



UNIVERSITÄTSAHNKLINIK
MEDIZINISCHE UNIVERSITÄT WIEN

This VieSID course is operated in cooperation with
Medical University & University Clinic of Dentistry of Vienna