

## MIRADENTURE REGISTRATION FORM CONTINUING DENTAL TRAINING.

**PLEASE PRINT CLEARLY**

Please print form, complete, then mail or fax to us.

Last name:	First:	Degree:
Address:		Office Phone:
		Home Phone:
City/State/Zip		Fax Number:
Social Security Number:		E-mail:
Please check: <input type="checkbox"/> General dentist <input type="checkbox"/> Specialist		

PLEASE REGISTER ME FOR THE FOLLOWING TRAINING:			
Training code:	Title:	Date:	Tuition:
07-D			€
07-D			€
07-D			€
<b>TOTAL</b>			€

THIS AMOUNT IS INCLUDING HOTEL, FULL PENSION AND TRAVEL EXPENSES INLAND COUNTRY

METHOD OF PAYMENT:	
Bank account number : 666174938 IBAN number: NL 18 ING B BIC (swift) number: INGBNL2A	
Card No:	
Exp.Date:	For: €
Signature:	

After receiving your registration form and payment, your invitation will be send a.s.a.p

RETURN BY MAIL TO:  T-P-P MIRABEDINY MIRADENTURE KERKLAAN 14 - 3851JV ERMELO, HOLLAND Phonenummer: 0031341495948 E-mail: info@miradenture.com	OR RETURN BY FAX TO:  0031341554919
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WHEN REFUSED BY THE DUTCH AMBASSY THE REGISTRATION COSTS WILL BE RETURNED.