



# APPLICATION FOR INTERNATIONAL MEMBER

Please fill in the form and send it to [iscrizione@siocmf.it](mailto:iscrizione@siocmf.it)

Last name \_\_\_\_\_

First name \_\_\_\_\_

Street \_\_\_\_\_

Zip code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## Dental Education

University of \_\_\_\_\_  
name and place of University

from \_\_\_\_\_ to \_\_\_\_\_  
date date

I would like to become a SIOCMF International Member.

The registration is free and I will have:

- Free online access to SIOCMF journal (Minerva Stomatologica)
  - I would like to receive the free online access to SIOCMF Journal
  - I do not want to receive the free online access to SIOCMF Journal

*If you don't fill in the box, you will not receive credentials to download the SIOCMF Journal*

- SIOCMF Newsletter with all the news and details on SIOCMF
- Reduced fees at SIOCMF Meeting
- In compliance with the Italian Legislative Decree nr. 196 dated 30/06/2003, I hereby to use and process my personal data and I confirm to be informed of my rights in accordance to art. 7 of the above mentioned decree.*

Date \_\_\_\_\_

Signature \_\_\_\_\_