**REGISTRATION FORM**

To register for the Course please fill in Registration Form and send to the Course Secretariat on an email address: info@tmjmeeting.cz.

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| **VENUE INFORMATION** | | | |
| VENUE | 2nd PRAGUE TMJ CONCEPTS COURSE 2018 | | |
| DATE OF VENUE | SEPTEMBER 13 – 14, 2018 | | |
|  | | | |
| **PARTICIPANT INFORMATION** | | | |
| TITLE | |  | |
| FIRST NAME | |  | |
| LAST NAME | |  | |
| Organization | |  | |
| VAT No. | |  | |
| Address Line (work) | |  | |
| City, State, Zip (Postal code) | |  | |
| Country | |  | |
| Participant´s email | |  | |
| Participant´s phone # | |  | |
|  | | | |
| **COURSE INFORMATION** | | | |
| LECTURES (September 13, 2018) – yes/no | | |  |
| LECTURES & CADAVER (September 13 – 14, 2018) – yes/no | | |  |

Please pay attention to the correct and complete filling in of a form in readable way to minimize possible misunderstanding.

Upon receipt of the registration form, a confirmation of the registration and payment information will be sent via email within five working days to the participants.

**COURSE SECRETARIAT**

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