**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.

|  |
| --- |
| **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**

Ales Reisskup, Medika Trade Praha, s.r.o., V podluzi 672/4, Nusle, 140 00 Prague 4, Czech Republic, GSM: +420 602 390 367, Email: info@tmjmeeting.cz