

## SUMMER SCHOOL: JULY 22<sup>nd</sup> – 26<sup>th</sup>, 2026

**Billing address** (invoice will be issued to this address):

Name of the company/clinic: \_\_\_\_\_

c/o: \_\_\_\_\_

Street: \_\_\_\_\_

ZIP code, city, country: \_\_\_\_\_

European VAT-ID number\*: \_\_\_\_\_

*\*must be filled in if company pays and must match billing address*

**Information of participant** (certificate will be issued to this name):

Title/Name: \_\_\_\_\_

Mobile phone : \_\_\_\_\_

E-Mail : \_\_\_\_\_

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

**Participation fee:** 1.600,00 EURO

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

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**Participation at Pre-Summer School** (optional):  
included in the fee (July 21, 2026, 17:00 -19:00)

☐ YES

**Participation at Get-Together** (optional):  
price and date to be announced  
dinner is to be paid separately on site

☐ 1 Person ☐ NO

☐ 2 Persons

☐ ... Persons

**Date / Signature:** \_\_\_\_\_

I hereby accept the terms and conditions of VieSID: <https://www.viesid.com/terms-and-conditions/>

**For detailed information or registration please contact:**

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All detail subject to change



UNIVERSITY CLINIC OF DENTISTRY  
MEDICAL UNIVERSITY OF VIENNA

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