



DGZI – International Section
Sudan Office
German Board of Oral Impalntology (GBOI)
Registration Form

(A) Personal Data :

Name: : الاسم

Date of birth:

Title: Dentist (.....) Specialist (.....) Specify:

Tel (Home): Tel (work):

Mobile: Fax:

Address:

Spoken languages:

Email:

Photo

(B) Implants experiences:

- Are you a member of DGZI?
 Yes (.....) since No (.....)
- Did you have experience with oral impalntology?
 Yes (.....) No (.....)
- Did you insert implants before?
 Yes (.....), How many No (.....)
- If yes, which implants systems do you familiar with?

(C) Fees Regulations:

- (1) These regulations are set for the (GBOI) programme in Sudan (November 2007).**
- (2) The (GBOI) fee for one year curriculum is 5600 Euro.**
- (3) Course fee should be paid by using one of the following payment alternatives:**

Method (A)

- **Payment of complete course fees (5600 Euro or equivalent in Sudanese Pounds) cash or by a cheque, before 15 October 2007.**

Method (B)

- **Three Sudanese bank cheques as follow:**
 - ❖ **The first cheque covers 2800 Euro or equivalent in Sudanese Pounds dated 15 October 2007.**
 - ❖ **The second cheque covers 1400 Euro or equivalent in Sudanese Pounds dated 15 February 2008.**
 - ❖ **The third cheque covers 1400 Euro or equivalent in Sudanese Pounds dated 15 May 2008.**

Method (C)

- **Nine Sudanese bank cheques as follow:**
 - ❖ **The first cheque covers 1600 Euro or equivalent in Sudanese Pounds dated 15 August 2007.**
 - ❖ **The other eight cheques cover 500 Euro or equivalent in Sudanese Pounds each, dated 15 September 2007, 15 October 2007, 15 November 2007, 15 December 2007, 15 January 2008, 15 February 2008, 15 March 2008, 15 April 2008.**

(4) Failure to pay the due fees by the day determined in the payment method you had already choosed , will automatically withdraw your application and the next colleague on the waiting list will take your place.

(D) Legal Consent:

I herewith certify that I am aware that the course of German Board of Oral Implantology fee of 5600 Euros covers my participation in the eight weekend sessions. I am aware that there are additional fees to be paid for the exercise models of the training course and that neither the internships nor the supervision are included in the same fee. I accept the fees regulations mentioned in Section (C).

I accept method for payment of the course fees.

Name:

Signature:

Date:

• *For more information:*

- *Email: gboi_sd@dandaradental.com*
- *Tel: (00249) (120833299) 11 am – 2 pm (All the week except Friday).*
- *Website: www.dandaradental.com*