



ILSD Sweden AB
Företagsallén 4
184 40 Åkersberga



In co-operation with

Org.nr. 556284-7011
Phone: 08-540 68 200
Email: peterfahlstedt@mac.com

Registration form for course in laser supported dentistry including LSO (Laser Safety Officer)

Date: (dates from calendar) _____ + a follow up day (no date set)

The course is held at the Institute for Laser Supported Dentistry. Företagsallén 4, 184 40 Åkersberga, Sweden

Lecturer: DDS Peter Fahlstedt MSc Lasers in Dentistry
in cooperation with Prof. Norbert Gutknecht, AALZ, Aachen University

First and last name: _____

Address: _____

Postal code: _____ City: _____ Country: _____

Phone: _____ Mobile: _____

Email: _____

Invoice name: _____

Invoice address (if other than above): _____

Postal code _____ City: _____ Country: _____

Fill out this registration form and send it in an envelope to address:

ILSD Sweden AB
Företagsallén 4
184 40 Åkersberga, Sweden

Course fee: 32.000 Skr + moms/pers. The fee includes 4 course days with course material, lunches and coffee. You will receive a certificate after completed course.
A invoice will be sent to the invoice address above, when we receive the application.

Cancellation later than 14 days before course start will be debited with 50% of the course fee.