Champions®-Basic Rules Confirmation

Hereby, I confirm that I have read and fully understood the Champions®-Basic Rules.

Title _____

First Name _____

Surname _____

Date of Birth _____

Street _____

Zip Code / City / Country _____

Phone _____

Fax _____

E-Mail _____

VAT Reg. No. _____

I am already a user of a dental implant system and am familiar with the implantation procedure.
I have experience with the following dental implant systems:

_____

_____ _____

City / Country, Date Stamp, Signature

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CHAMPIONS