



INTERNATIONAL SOCIETY
FOR ORAL LASER APPLICATIONS
Please fax or mail back to:
Fax: 0043/1/405 13 83-23

Membership Application form
Visit our homepage <http://www.sola-int.org>

SOLA/Vienna Medical Academy
Alser Str.4
A - 1090 Wien

PERSONAL INFORMATION

Academic Title	
First Name	
Family Name	
Address for correspondence and delivery of JOLA	
Street	
City / ZIP Code	
Country	
Email (please print clearly!)	
Telephone	
Fax	
WEBSITE URL:	

*******REQUIRED FIELD*******

LASER USER *no* *yes* → *Soft Laser* *Hard Laser*

*******REQUIRED FIELD*******

I wish to be a member of the SOLA international (please type or complete in BLOCK CAPITALS)

<input type="checkbox"/> Full membership EUR 220	JOLA as mandatory; BENEFITS: membership-card, personal presentation as laser user at SOLA INTERNATIONAL's website
<input type="checkbox"/> Affiliate membership EUR 75 <i>* please enclose the proof of your membership in a National European Laser Society</i>	Being already a member in a National European Laser Society including membership-card, excluding JOLA as mandatory and presentation on our website <input type="checkbox"/> Tick here to to subscribe JOLA € 85.- (4 issues/Year)
<input type="checkbox"/> Student membership EUR 30* <i>please enclose the proof of your universitiy</i>	including: membership-card, excluding JOLA as mandatory and presentation on our web-site <input type="checkbox"/> Tick here to to subscribe JOLA (by Quintessenz) € 85.- (4 issues/Year)

METHOD OF PAYMENT

<input type="checkbox"/> Credit card	Please charge my <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Diners Club		
	Card Number: _____		
	CVC2*: _____ Expiry Date: _____		
	*The CVV2/CVC2 is a 3-digit security code printed on the back side of your card. The number appears in reverse italic at the top right end of the signature panel behind the last 4 digits of your card number. This helps us to fight fraud in the "card-not-present transactions". Thank you!		
	Name of Cardholder: _____		
	Signature of the Cardholder: _____		
<input type="checkbox"/> Bank transfer	BANK ADDRESS:	ERSTE BANK, Am Graben, 1010 Wien, Austria	
	BANK CODE:	20 111	ACCOUNTNUMBER: 046 63 322
	SWIFT:	GIBAATWW	IBAN: AT552011100004663322

Benefits of Membership:

SOLA INTERNATIONAL is not just an interdisciplinary association of scientists but a central contact for all questions raised resulting from the use of lasers in dentistry and oral/maxillofacial surgery. We are working for and with our colleagues promoting professionalism and quality in the use of laser technology.

- Your membership in SOLA INTERNATIONAL is your **direct connection** to European universities
- Membership accesses you to their broad and extensive **research data** and **publications** through SOLA INTERNATIONAL's exclusive databank providing you with objective information about state of the art laser applications and devices
- You are welcome to participate in SOLA international congresses at a **reduced subscription rate**
- You are offered possibilities for **continued education** and **training** in our workshops at a reduced rate; such workshops allow you to gain hands-on- experience with various laser types as well as participate in direct discussions with international experts.
- Your participation in our educational programs/workshops permits you to build **your own personal relations** with fellow professionals on an international basis. Participation in only one workshop more than returns your investment.
- Reduced subscription rate (20% less) to our **Journal (JOLA** by QUINTESSENZ, please have a look at the conditions www.quintessenz.de).
- Membership is your personal opportunity to **participate** in various **international research programs**.
- a yearly and official **membership-card**