**Letter of Application for joining the POSEIDO network**

*(Please fill all information carefully to avoid delay in your registration)*

**Date**:

**Detailed name of the Academic Institution or Scientific Society**:

*(example: Department of Periodontology and Oral Implantology, Dental Research Division, University of Guarulhos, Guarulhos, Sao Paulo, Brazil)*

**Official contact person(s) (and status) to be cited on the POSEIDO website**:

*(example: Prof. Jamil Awad Shibli (Head of Oral Implantology))*

**Address of the institution or society**:

**Website of the institution or society**:

**Details of the contact persons to registered (2 minimum, 4 maximum):**

**1/ Name and status:**

*(example: Prof. Jamil Awad Shibli (Head of Oral Implantology))*

**E-mail(s):**

**Phone number:**

**Address if different from institution or society:**

**2/ Name and status:**

**E-mail(s):**

**Phone number:**

**Address if different from institution or society:**

**I am writing this letter to confirm our will to join the POSEIDO network and our acceptance of the POSEIDO Charter.**

*Stamp/signature or typed name of the responsible of the registration:*