

SEMMELWEIS UNIVERSITY

Section of Dentistry - Continuing Education Operational Committee

Chair

Prof. Peter Hermann DMD. M.Sc. Ph.D.

TRANSFER INFORMATION CONCERNING SPECIALIST DENTIST TRAINING PAYMENTS

Fees related to participation in Specialist Dentist Training at Semmelweis University must be transfer to

EUR account: OTP 11763842-00880888

IBAN: EUR: HU511176384200880888000000000

account.

For transferring, the following must be included in the notice box:

The **name of the participant** and the **number of the invoice** issued by the Division of Dentistry – Center for Continuing Education (eg: Dr. Gregory House 910913000)

The tuition fee has to be paid only after receipt of the invoice issued by the Division of Dentistry – Center for Continuing Education in advance.

In all cases, proof of the transfer of the tuition fee must be sent to the Division of Dentistry – Center for Continuing Education by post or e-mail (<u>farkas.izabella@semmelweis.hu</u>) within 3 business days after the transfer.

Semmelweis University
Division of Dentistry –
Center for Continuing Education



Address: 1085 Budapest, Üllői út 26.

Mailing address: 1085 Budapest, Üllői út 26.; 1428 Budapest, Pf.

E-mail: szkepz@semmelweis.hu **Phone:** (+36-1) 459-1500-59391





