



## Information sheet

Please fill in the below information sheet, send this and your statutes by fax or mail to:

FEPPD  
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Official name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

President: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_

Fax.: \_\_\_\_\_

Contact person: \_\_\_\_\_

Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_

Number of (self-employed) dental technicians and dental laboratory owners in your country: \_\_\_\_\_

Number of employees of all dental laboratories in your country: \_\_\_\_\_

Number of members of your federation: \_\_\_\_\_

Language spoken: \_\_\_\_\_

Preferred language: \_\_\_\_\_