

REGISTRATION FORM

Surname: Name:

Title: Mr: Ms:

Institution/Company: Department:

Adress :

City: Postal Code: Country:

Phone: ID Number E-mail :

REGISTRATION FEES

SPECIALIST	<input type="checkbox"/> 25.000 TL + KDV = 30.000 TL
COMPANY REPRESENTATIVES	<input type="checkbox"/> 25.000 TL + KDV = 30.000 TL

Taxes are included in the registration fees.

Registration fees must be transferred to the designated bank account. The completed registration form along with the proof of payment must be sent via email to lowed@figur.net.

BANK ACCOUNT DETAILS

Account Name Figür Kongre Organizasyonları ve Tic. A.Ş.

Bank Name Yapı Kredi Bankası

Branch Name Perpa Elektrokent Şubesi

IBAN Number (TL) TR62 0006 7010 0000 0026 6724 30

TOTAL:

CRETID CARD: VISA MASTERCARD CARD NUMBER: _____

VALIDITY UNTIL: ____/____/____ (Month/ Year) CVC2 : _____

I hereby authorize FIGUR Congress & Organization to charge the above mentioned amount from my credit card. I fully accept the stated booking/ alteration / cancellation conditions.

SURNAME

NAME

SIGNATURE

**Please also include a double sided photocopy of your credit card to this form.

If the invoice will be issued on behalf of the company;

Company Name:

Invoice Address:

Phone Number: Tax Office Tax Identification Number

If the invoice will be issued on behalf of the individual;

Name-Surname

ID Number:

Province/Country: Phone: