

REGISTRATION FORM

Title : Name : Surname :

Institution :

Correspondence Address :

Telephone : Fax : E-mail :

Accompanying Person : Yes No

Name / Surname :

Categorys	Registraion Fee
PHYSICIANS	<input type="checkbox"/> 800.-TL
RESIDENT	<input type="checkbox"/> 700.-TL
COMPANY REPRESENTATIVE	<input type="checkbox"/> 600.-TL
FOOD AND BEVERAGE PACKAGE	<input type="checkbox"/> 975.-TL
TOTAL:	
%18 VAT:..... OVERALL TOTAL:.....	

- It is required for outside participants or sponsors who are not accommodated within the conference hotel to pay an amount of 975 TL + VAT for two days food and beverage package.
- All registration fees are required to be transferred to the TKD bank account before the congress.

Turkish Association of Cardiology Commercial Enterprise

Bank : Akbank
Branch Name and Code : Şişli Branch
Account Name : Türk Kardiyoloji Derneği İktisadi İşletmesi
IBAN (TL) : TR15 0004 6000 5488 8000 1960 20 (TL)

* **Registration fee covers:** Congress registration fee, Participation to scientific meetings, Access to exhibition area, Organization fee.

****VAT SHALL BE ADDED TO ALL THE FEES STATED ABOVE.**

CREDIT CARD	:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
CARD NUMBER	:	_____	CVC: _____
VALID UNTIL	:	___/___	(Month / Year)
I hereby authorize " Türk Kardiyoloji Derneği İktisadi İşletmesi " 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.