

BONE AND SOFT TISSUE TUMORS COURSE

September 13, 2019

REGISTRATION FORM

NAME :SURNAME.....

UNVAN :MR. MRS.

INSTITUTION:

ADRESS :PHONE

CITY : E-MAIL

REGISTRATION FEE

Registration Type	Registration Fee
Participant	10.000 KZT/ 30 USD

* Above mention rates who will participate from Turkey will be including (Coffee Break, Entres, Name Badge, Sertificate)

* Course Registration is limited. Cancellation is not possible after the registration process is completed

* After the bank transfer, please send the payment receipt by mail with the registration form.

PAYMENT INFORMATION

Course Registration Fee :USD			
Payment Type	Bank Transfer <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Visa <input type="checkbox"/> Master Card <input type="checkbox"/>
Card Number :	CCV No / _ _ _	Expire Date _ _ / _ _	
Name & Surname :	Signature :		

INVOICE DETAILS

Company Name	:
Adress	:
Tax No	:
Tax Office	:

BANK TRANSFER DETAILS

Account Name : Ege Üs Kongre Danışmanlık Turizm ve İnş.San.Tic.Ltd.Sti

Bank Name : Türkiye İş Bankası Alsancak Şube (3401)

USD Account Number : 727775 **USD IBAN** : TR27 0006 4000 0023 4010 727775

SWIFT Code : ISBKTRIS

After completing this form, please send to the Congress Secretariat with your payment receipt. with e-mail turkdunyasiortopedi@egekongre.com or by fax: +90 232 464 29 25