

Registration Form

INTERNATIONAL COLLEGE OF SURGEONS EUROPEAN FEDERATION TURKEY SECTION

October 18-19, 2007

Atlantis Hotel, Antalya, TURKEY

www.icsturkeysection.org

*Please type or write in UPPERCASE letters

TITLE: _____ LAST NAME: _____ FIRST NAME: _____

INSTITUTION/UNIVERSITY: _____

ADDRESS FOR CORRESPONDENCE: _____

TEL: _____ FAX: _____ E-MAIL: _____

NAME(S) OF ACCOMPANYING GUEST(S): _____

Registration Fees

Please tick the appropriate box:

	UNTIL June 29, 2007	AFTER June 29, 2007
ICS MEMBERS <input type="checkbox"/>	\$200	\$250
NON-MEMBERS <input type="checkbox"/>	\$250	\$300
ACCOMPANYING GUESTS* <input type="checkbox"/>	\$100	\$150
RESIDENTS AND STUDENTS**	Free of Charge	
	Total registration fee: \$US	

* No charge for children younger than 12

** Residents and students must include proof of position (written clarification from Head of Department)

The Registration Fee Includes:

- Access to all scientific sessions;
- Access to the exhibit hall;
- Attendance at the opening ceremony, welcome reception, gala dinner;
- Congress kit (including finalized program, abstract book, Certificate of Attendance).

The Registration Fee for Guests Includes:

- Access to the exhibit hall;
- Attendance at the opening ceremony, welcome reception, and gala dinner;

Mode of Payment

By bank transfer to

Bank Name: **Is Bankasi**

Branch Name: **Kucukevler**
Swift Code: **ISBKTRIS**

Branch Code: **4211**
USD Account No: **492 991**

By credit card

Visa

Full Name of Card Holder: _____

Security Code (CVV): _____

Date: _____

Eurocard/Mastercard

Card No: _____

Expiration Date: _____

Signature: _____

*Please complete and return the form to:

VALOR CONGRESS ORGANIZATIONS

Address: Turan Güneş Bulvarı 15. Cadde 70.

Sokak No: 28 Oran, 06550, Ankara, Turkey

Phone: +90 312.491 88 88 Fax: +90 312 491 99 89

E-mail: valor@valor.com.tr