

CONGRESS REGISTRATION AND ACCOMMODATION FORM

PARTICIPANT

Name and Surname :
Institution :
Address :
Phone Number :
Fax :
E- mail :

PLEASE INDICATE YOUR MEMBERSHIP STATUS; I AM A MEMBER OF:

- Anatomical Society of Great Britain and Ireland (**ASGBI**)
- Anatomische Gesellschaft (**AG**)
- Schweizerische Gesellschaft für Anatomie, Histologie und Embryologie / Société Suisse d'Anatomie, d'Histologie et d'Embryologie" (**SGAHE / SSAHE**)
- Sociedad Anatómica Española (**SAE**)
- Società Italiana di Anatomia e Istologia (**SIAI**)
- Türk Anatomi ve Klinik Anatomi Derneği (**TAKAD**)
- None of the above

ACCOMMODATION DETAILS:

Check-in date : Check-out date :

Single Room Double Room

AIRPORT TRANSFER:

Yes No

***Airport Transfer will be arranged between the Bursa Yenisehir Airport and Congress Hotels.**

Airport – Hotel (One Way) Transfer	35 €
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Payment Type:

Bank Transfer

Account Name : ANATOMI2011 / FLAP KONGRE A.Ş.
Bank Name : Garanti Bank
Branch Office : Kavaklıdere
TL Account Number : TR06 0006 2000 0750 0006 2960 23
EURO Account Number : TR12 0006 2000 0750 0009 0860 23

Credit Card

Payment Type	
Visa <input type="checkbox"/>	Master Card <input type="checkbox"/>
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiration Date :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
PS: Please do not forget to add VAT to your total amount. SIGNATURE _____	

Please fill the form and send it with bank receipt to the fax number below.



8. Cad. No.1 06610 Birlik-Çankaya-ANKARA
Phone : +90 (312) 454 00 00 (1544-1545)
Fax : +90 (312) 454 00 01
E-mail : jointmeeting2011@flaptour.com.tr