



INTERNATIONAL DERMATOLOGY AND COSMETOLOGY CONGRESS

EVIDENCE BASED DERMATOLOGY AND COSMETOLOGY

16-20 MARCH 2016

HARBİYE MILITARY MUSEUM & CULTURAL CENTER İSTANBUL, TURKEY

www.indercos.org

REGISTRATION FORM

Surname : Name :

Title : Mr : ☐ Ms : ☐

Institution / Company : Department :

Address :

City : Postal Code : Country :

Tel : Fax : E-mail :

Congress Registration Fee	EARLY BIRD Before January 22, 2016	REGULAR January 22, 2016 - March 6, 2016	ON-SITE After March 6, 2016
Participants	<input type="checkbox"/> 300 €	<input type="checkbox"/> 400 €	<input type="checkbox"/> 450 €
Residents	<input type="checkbox"/> 250 €	<input type="checkbox"/> 300 €	<input type="checkbox"/> 350 €
Accompanying Person & Company Representatives	<input type="checkbox"/> 250 €	<input type="checkbox"/> 300 €	<input type="checkbox"/> 350 €

Cosmetology Courses	Beginner Courses <input type="checkbox"/> 20 €	Advanced Courses <input type="checkbox"/> 30 €	Aptos Threads Courses <input type="checkbox"/> 40 €
Course Name			

* Above mentioned rate is inclusive VAT which is congress currently 18 %.

* All attendees must register in advance of the symposium and courses.

* Each course session are only for 15 participants.

* Only course participation is not allowed. Congress attendees may participate the courses.

Payment

Payment of costs must be made when the Registration Form is completed or a purchase order must be provided. All payments must be in EURO using one of the following methods:

Bank Transfer

Payments can also be made by bank transfer. All transfer costs should be covered by the Payee. Payments can be made to the following account.

BANK ACCOUNT DETAILS

Account Name : Figur Kongre Organizasyonları ve Tic. A.Ş.

Account Number : 183-9083737 (Euro)

IBAN Number : TR12 0006 2000 1830 0009 0837 37

Branch Name and Code : Garanti Bankası / Valikonagi (183)

Swift Code : TGBATRIS

CREDIT CARD : <input type="checkbox"/>	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>
CARD NUMBER : _____	CVC: _____	
VALID UNTIL : ____/____/____	(Month / Year)	
I hereby authorize FIGÜR 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.

Please quote delegate name as a reference on any remittance.

Delegates requiring invoices should provide a purchase order number and invoice department address if this is different from the address for correspondence on the registration form.

PLEASE NOTE: NO OTHER METHODS OF PAYMENT CAN BE ACCEPTED. REGISTRATION WILL NOT BE CONFIRMED UNTIL PAYMENT IS RECEIVED. ALL PAYMENTS MUST BE IN EURO.

Cancellation of Registration

This Registration Form as well as cancellations must be send to **FIGÜR Congress & Organization** by fax: +90 212 258 60 78 or by e-mail: indercos2016@figur.net

REGISTRATION CANCELLATION POLICY

Registration can be cancelled until **January 22, 2016**. A written cancellation request should be sent to organizing secretariat.

Cancellations will not be accepted after **January 22, 2016**. Name changes are possible.



FIGÜR CONGRESS & ORGANIZATION

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