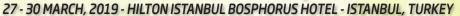


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| Institution / C | ompany: | Department: | | | | | |
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| | Postal Code : | | | | | | |
| | | E-mail: | | | | | |
| , | T dA . | EARLY BIRD | REGULAR | | | | |
| Registrat | ion Fee | Before January 11, 2019 | January 12, 2019 - March 14, 2019 | | | | |
| Participa | nts | 260 | 340 | 385 | | | |
| Residents | s | <u> </u> | 255 | □ 300 | | | |
| Accompa | nying Person & Company Representatives | <u> </u> | 255 | 300 | | | |
| Poster Pr | esenter | 200 | 200 | 200 | | | |
| Oral Pres | enter | <u> </u> | <u> </u> | <u> 150</u> | | | |
| Date | Date Hands-On Cosmetology Courses (Each Course) | | Course Fee Only C | Only Course Registration fee | | | |
| 27.03.2019 | *Hands-On Midface Fillers Course | □ 300 | | 500 | | | |
| 27.03.2019 | *Hands-On Hair Transplantation Course | 300 | | 500 | | | |
| 29.03.2019 | *Hands-On Lower Face Fillers Course | 300 | | 500 | | | |
| 29.03.2019 | *Hands-On Threads Course | 300 | | 500 | | | |
| 30.03.2019 | *Hands-On Fillers Basic Course | 300 | | 500 | | | |
| * All prices are excluding of % 18 VAT. * Only course registration fee is 500 EURO for each courses. * Each course session are only for 15 participants. * If you registered for the congress the course fee 300 EURO + VAT. * A resident is defined as a research assistant in a medical university or research company. Residents must provide "proof of research assistant" for their registration (transcript, copy of a current student identification card, or letter signed by head of department). * 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 | | | | | | | |
| SUB TOTA | AL:% 18 VAT: | GRAND TOTAL: | | | | | |
| CREDIT CARD | CARD N | NUMBER: | | | | | |
| VALIDITY UN | TIL/ (Month / Year) CVC2 | : | | | | | |
| I hereby authori | ze <u>FIGUR Congress & Organization</u> to charge the above mentioned amo SURNAME | unt from my credit card. I fully | accept the stated booking/alter | ration / cancellation conditions. | | | |
| *Please also i | include a double sided photocopy of your credit card to this forr | n. | | | | | |

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 FIGUR Congress & Organization by fax: +90 212 258 60 78 or by e-mail: indercos@figur.net

REGISTRATION CANCELLATION POLICY

Registration can be cancelled until January 11, 2019. A written cancellation request should be sent to organizing secretariat. Cancellations will not be accepted after January 11, 2019. Name changes are possible.

