

REGISTRATION FORM

Title : Name : Surname :

Institution :

Correspondence Address :

Telephone : Fax : E-mail :

Accompanying Person : Yes No

Name / Surname :

CATEGORY	REGISTRATION FEES
TSC MEMBER	<input type="checkbox"/> 1.650.-TL
NON MEMBERS	<input type="checkbox"/> 1.750.-TL
ASSISTANS	<input type="checkbox"/> 1.450.-TL
NURSES	<input type="checkbox"/> 1.450.-TL
TECHNICIANS	<input type="checkbox"/> 1.450.-TL
EXHIBITORS	<input type="checkbox"/> 1.650.-TL
GUESTS-NOT- ACCOMODATING CONGRESS HOTELS	<input type="checkbox"/> 1.320.-TL
TOTAL: %18 VAT:..... OVERALL TOTAL:.....	

- Participants or sponsors who do not receive accommodation services from the congress agency during the scientific activities of the congress will pay 1200 TL separately for a total of 4 days cost to the housing agency.
- All congress registration fees must be paid to the following TSC account number before the congress.

Turkish Society of Cardiology Financial Enterprise

Bank : Akbank
Branch Name and Code : Şişli Branch
Account Name : Türk Kardiyoloji Derneği İktisadi İşletmesi
IBAN (TL) : TR15 0004 6000 5488 8000 1960 20

* **Registration fee covers:** Participation to scientific meetings, Participation to scientific meetings, Access to exhibition area, Congress organization fee

****VAT SHALL BE ADDED TO ALL THE FEES STATED ABOVE.**

CANCELLATION CONDICTIONS of REGISTRATION

- Cancellation requests for registration must be communicated to Invictus Tourism and Organization by e-mail to kardiyoloji@invictuscongress.org
- Cancellation requests made until May 31, 2019 will be refunded fully after the deduction of bank costs.
- There will be no refund for the cancellations made after the date May 31, 2019. It will be possible to make name changes x until latest September 28, 2019. Turkish Society of Cardiology and Invictus Tourism do not accept any responsibility for any changes after very date.
- All reimbursements shall be made after the end of the congress.

CREDIT CARD : VISA MASTERCARD

CARD NUMBER : _____ CVC: _____

VALID UNTIL : ____/____ (Month / Year)

I hereby authorize "**Türk Kardiyoloji Derneği İktisadi İşletmesi**" 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.