

## REGISTRATION FORM

### PARTICIPANT'S DETAILS

Name – Last Name:	Title:
Institution:	E-mail:
Department:	GSM No:
Address:	

CONGRESS REGISTRATION	Before 14th of April 2017	After 14th of April 2017
Researcher	160.- Euro <input type="checkbox"/>	180,- Euro <input type="checkbox"/>
Student	80.- Euro <input type="checkbox"/>	100,- Euro <input type="checkbox"/>

**Congress registration fees include:**

Entry to all scientific sessions and exhibition area, Congress Abstract Book's CD, Congress bag , Participation certificate, Coffee breaks and lunch box, VAT (18%) included

WORKSHOPS*	Before 14th of April 2017	After 14th of April 2017
Immunohistochemistry Workshop	32.- Euro <input type="checkbox"/>	38.- Euro <input type="checkbox"/>
Total RNA Workshop	32.- Euro <input type="checkbox"/>	38.- Euro <input type="checkbox"/>
RAMP. Warm Up Performance Method Workshop	32.- Euro <input type="checkbox"/>	38.- Euro <input type="checkbox"/>

**\*Note: Workshops before the congress will be held only in Turkish Language**

**Workshop registration fees include:**

Workshop attendance, workshop participation certificate, coffee break, VAT (%18) included.

**PAYMENT Total: \_\_\_\_\_ Euro**

**Bank transfer**

<b>Bank:</b> Akbank T.A.S.	<b>Account name:</b> ConPlus Kongre Org. ve Dan. Hiz. Tic. Ltd. Sti.
<b>Branch:</b> Kadıköy ( Istanbul, Turkey) (Branch No: 0020)	<b>IBAN (TL):</b> TR98 0004 6000 2088 8000 3989 56
<b>SWIFT:</b> AKBKTRIS020	<b>IBAN (EURO):</b> TR68 0004 6000 2003 6000 4014 01

**Payment with the Credit Card**

Name-Last name: \_\_\_\_\_ Visa  Master Card  Expiry Date : \_\_/\_\_/

Security Number (CVC) : \_\_\_\_\_ Credit Card No: \_\_\_\_\_

I accept the payment and my registration

Date:

Signature:

**Please send the form (and payment receipt if you pay by bank transfer) to  
FAX: +90 216 541 01 08 or e-mail: [moltipder@conplus.org](mailto:moltipder@conplus.org)**