

"CME" REGISTRATION FORM

DATE	:	TITLE	:
LAST NAME	:	FIRST NAME	:
EANS INDIVIDUAL MEMBERSHIP NUMBER	:		
DATE OF COMPLETION OF TRAINING	:		
ADDRESS	:		
CITY	:	COUNTRY	:
ADDRESS FOR CORRESPONDENCE	:		
DAYTIME TELEPHONE	:	EVENING TELEPHONE	:
FAX	:	E-MAIL	:
DIETARY REQUIREMENTS :			

REGISTRATION

- Full payment is required for the registration.
- Please indicate name and "EANS CME Course" on your payment and fax/email bank transfer copy to Stephanie Garfield-Birkbeck for a receipt.

	Registration Fee
Individual EANS Member	0 € 150
EANS Member	0 € 190
EANS Non-Member	0 € 220

ACCOMMODATION FOR THE NIGHTS FEBRUARY 21ST AND FEBRUARY 22ND

Single Room : € 110 / per night / per room
Double Room : € 80 / per night / per person

Check in date : _____ Check out date : _____

REDUCED RATES FOR REGISTRATION AT THE WINTER MEETING FOR COURSE PARTICIPANTS

	Registration Fee
Double Room per person	0 € 260
Single Room per person	0 € 320
Total	

Check in date : _____ Check out date : _____

PAYMENT OPTIONS

A) Bank Draft: (Bank transfer receipt must be sent together with the registration form)

Euro Account Nr. : 9099653
Bank Name : Türkiye Garanti Bankası
Branch Name : Baskent Kurumsal Sube Ankara
Swift Code : TGBATRISXXX
Account Owner : Alabanda Co. Inc.
Bank Code : 062
Branch Code : 384

B) Credit Card **VISA** **Mastercard**

Card Number :
Expiration Date : / Security Code :
Cardholder Name: Signature :

Cancellation Policy : Cancellations until 30 November 2006 the whole fee, 1 – 31 December 2006 % 50 is refunded. After 1 January 2007, no refund is possible.

I hereby clarify and accept the above amount to be debited from my credit card account with the details stated above and confirm my participation for at the EANS European Association of Neurosurgical Societies CME Course to be held on February 22, 2007 in Antalya, Turkey.