



NEUROENDOCRINOLOGY SYMPOSIUM & WORKSHOP

“Experimental Models for Studying Neuroendocrine Disorders”

23-25 April 2009

Yeditepe University, İSTANBUL

www.tned.org

Please fill out and forward this form to the Conference Secretariat:

Meet the Expert Congress & Event Services – Ms. Sezen ELAGÖZ

Halaskargazi Cad. No: 57/7 Harbiye 34373 Şişli - İSTANBUL

Phone: +90 (212) 241 46 56 ext. 16 * Fax: +90 (212) 241 67 46 * E-mail: neuroendocrine@meethexpert.com

This section will be filled out by the Symposium Secretariat

Processed By:	Registration #
Applicaton Received On: ___ / ___ / 2009	

REGISTRATION APPLICATION FORM

Registrant's

TITLE: NAME: SURNAME:

INSTITUTION: DEPARTMENT:

ADDRESS: POSTAL CODE:

CITY: PHONE: FAX:

E-MAIL:

INVOICE TO: INSTITUTION ABOVE OTHER:

Invoices can be obtained from the registration desk during the symposium.

TAX ADMINISTRATION: TAX #:

REGISTRANT CITIZENSHIP #:

Citizenship number of Turkish citizens is required in order to invoice individuals.

SYMPOSIUM & WORKSHOP REGISTRATION - Below rates include 18% VAT.

SYMPOSIUM REGISTRATION	Before March 31 st , 09		After April 1 st , 09		WORKSHOP REGISTRATION: (Below fees are valid for all dates.)					
	<input type="checkbox"/>	120.- €	<input type="checkbox"/>	150.- €	Symposium registration is required to participate in workshops.					
GENERAL PARTICIPATION	<input type="checkbox"/>	120.- €	<input type="checkbox"/>	150.- €	Workshop 1 - 09:00-11:30	<input type="checkbox"/>	10.- €	Workshop 2 - 09:00-11:30	<input type="checkbox"/>	10.- €
SOCIETY MEMBERS	<input type="checkbox"/>	100.- €	<input type="checkbox"/>	120.- €	Workshop 3 - 11:30-13:00	<input type="checkbox"/>	10.- €	Workshop 4 - 11:30-13:00	<input type="checkbox"/>	10.- €
STUDENTS*	<input type="checkbox"/>	75.- €	<input type="checkbox"/>	100.- €	Workshop 5 - 14:00-16:30	<input type="checkbox"/>	10.- €	Workshop 6 - 15:20-17:30	<input type="checkbox"/>	10.- €

*STUDENTS: Students will be asked to submit the official document attesting student status. **SUB TOTAL:**

ACCOMMODATION - Below rates include 18% VAT and are on bed & breakfast basis.

	BEFORE March 31 st , 2009		AFTER March 31 st , 2009	
	SNG ROOM	DBL ROOM	SNG ROOM	DBL ROOM
THE GREENPARK BOSTANCI	<input type="checkbox"/>	95.- €	<input type="checkbox"/>	110.- €
ZÜBEYDE H. ÖĞRETMENEVİ	<input type="checkbox"/>	86.- TL	<input type="checkbox"/>	114.- TL

Check-in Date: Check-out Date: # of Nites: **SUB TOTAL:**

AIRPORT TRANSFERS - Price for two way transfer from/to the Atatürk Airport per person is 125.- € including 18% VAT.

ARRIVAL FLIGHT DETAILS: FLIGHT CODE: Arrival DATE & TIME DD.MM, HH:MM Please contact the symposium secretariat for Sabiha Gökçen Airport transfers.

DEPARTURE FLIGHT DETAILS: FLIGHT CODE: Departure DATE & TIME DD.MM, HH:MM **SUB TOTAL:**

GRAND TOTAL of the ITEMS BOOKED in this FORM:



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REGISTRATION APPLICATION FORM

HOW TO COMPLETE YOUR REGISTRATION

1. Please fill out this form and send it to the Conference Secretariat with one of the following payment methods:
If you prefer to pay by credit card, please supply your credit card details in the section related below.
OR
If you prefer to pay by bank (wire) transfer, please attach a copy of your transaction statement to this form and forward it with your registration application form.
TL payments of the items booked in € should be made using the TCMB Selling Rate.
2. After the registration application form has been received along with the payment, a confirmation form will be sent to the applicant.
3. Please present the confirmation form at the conference registration desk to complete your registration and obtain your conference kit.

APPLICATIONS WITHOUT PAYMENT WILL NOT BE PROCESSED.

CANCELLATION POLICY

ALL CANCELLATIONS should be made written and addressed to the conference secretariat. Cancellations made:
Until March 31st, 2009 will be refunded with a deduction of 75% for administrative fees plus bank charges if any should occur.
After April 1st, 2009 cancellation requests will not be accepted and all the items booked will be invoiced/payments will be forfeited.

METHOD of PAYMENT

1. BANK (WIRE) TRANSFER

Please note that all bank transfers must be made to the Conference Secretariat's bank account below and exclude any bank charges. Please make sure to include the name of the participant and all below details on the bank transaction statement.
If you made your payment 3 days prior to the conference or any later, please bring a copy of your transaction statement as a proof of payment.

Account Name : MTE KONGRE ve ORGANİZASYON HİZMETLERİ TURİZM TİCARET A.Ş.
Bank : Türkiye İş Bankası **Branch Name/Code** : Pangaltı/1041
EURO Account Number : 0897889 **TL Account Number** : 0601781 (For TL payments, please use selling exchange rate.)
Remark : NED

2. CREDIT CARD - Forms without card holder signature will not be processed.

NAME of the CARD HOLDER: REGISTRANT OTHER

TYPE of CARD: CREDIT CARD #: EXPIRY DATE (MMYY):

CVC/Security Code (Last three digits of the number printed at the back of your card): CARD HOLDERS SIGNATURE:

- I hereby authorize Meet the Expert Congress & Event Services to debit the above mentioned credit card account with the total value of the items booked by me on this form.

DECLARATION - Forms without signature will not be processed.

- By sending this form to Meet the Expert Congress & Event Services, I accept that I have read and am fully aware of the terms and policies stipulated above.

Date Signed:

SIGNATURE:

PRINT or E-MAIL THIS FORM

You may not be able to save this document if you are running a free version of the Acrobat Reader. If so, please print a copy after you fill out this form or fill out a printed copy.