FACEISTANBUL 2019 REGISTRATION FORM

Please send us your "Registration Form" together with a copy of the bank receipt via either fax to: +90 216 350 00 52 or by e-mail to info@faceistanbul.org

PERSONAL DETAILS

Name:________________________________ Surname: ________________________________ Title____________

Institution:____________________________Speciality:_________________City/Country____________________

Phone:________________________________ Mobile:__________________________________ Fax: ___________

E-mail:____National ID Nr. (for Turkey)_______________________

Billing Address:____

____

Tax Office (for Turkey): ____ Tax Nr (for Turkey):_________________

FACEISTANBUL 2019 (May 23-25)	BEFORE JANUARY 31			AFTER JANUARY 31		
	EAFPS Member	EAFPS Non Member	Resident	EAFPS Member	EAFPS Non Member	Resident
Registration Fee	❑ 500 Euro	❑ 550 Euro	❑ 250 Euro	❑ 550 Euro	❑ 600 Euro	❑ 300 Euro
Gala Dinner (optional)	❑ 75 Euro	❑ 75 Euro	❑ 75 Euro	❑ 75 Euro	❑ 75 Euro	❑ 75 Euro
TOTAL (in writing)	❑ Euro	❑ Euro	❑ Euro	❑ Euro	❑ Euro	❑ Euro

Important Note: Residents & EAFPS Members have to proof their status to get the discounted price.

ACCOMMODATION options will be offered upon request	Check-in / Check-out Dates
❑ **Yes I need accommodation**	_______________ / _______________

PAYMENT DETAILS

BANK TRANSFER ❑ (Please write the participant name and FACEISTANBUL as description)

- **Account Holder: Primer Medikal Ürünler ve Sağlık Hizmetleri Ltd. Şti.**
- **Bank: Turkiye İş Bankası • Branch: Atasehir • Code: 1226**
- **EUR Account Nr: 0215871 • IBAN: TR350006400000212260215871 • SWIFT Code: ISBKTRIS**
- **TL Account Nr: 0266650 • IBAN: TR380006400000112260266650 • SWIFT Code: ISBKTRIS**

***CREDIT CARD PAYMENT** ❑ *** 3% Bank commission fee will be added for payments of credit card**

Card Type Visa ❑ MasterCard ❑

• Card Number: ____

• CVV Code: _______ **• Expiry Date:** ________/__________

• Total: _______________**EUR**

• In writing: ___________________ **EUR + 3% Bank commission fee**

Hereby I accept Primer Medikal to charge my credit card
For the above written amount for the services I've booked.

Date	Signature