



International Basic Neurosurgery Course (IBNC)

Term II Course II, Neuro-oncology

15-19 March 2017

Papillon Ayscha Hotel, Belek / Antalya

REGISTRATION AND ACCOMMODATION FORM

TITLE :

NAME - SURNAME :

PHONE / MOBILE PHONE :

NATIONALITY :

ID / PASSPORT NO :

E-MAIL :

INSTITUTION / HOSPITAL :

BRANCH/ DEPARTMENT :

COUNTRY / CITY :

ROOM TYPE: SINGLE DOUBLE (Please also select from registration packages)

REGISTRATION TYPE: SCHOLARSHIP ATTENDEE NON-SCHOLARSHIP ATTENDEE

TRANSFER

	ONE WAY	RETURN
TRANSFERS	59 € <input type="checkbox"/>	118 € <input type="checkbox"/>

ARRIVAL DATE : __/__/2017

ARRIVAL TIME : __/ __

AIRLINE COMPANY NAME:

FLIGHT NUMBER:

DEPARTURE DATE : __/__/2017

DEPARTURE : TIME : __/ __

- Please fill in the registration and accommodation form completely and send via e-mail to ibnc@flaptour.com.tr



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REGISTRATION PACKAGES

PAPILLON AYSCHA HOTEL	Single Room	Per Person in Double Room
	531 € <input type="checkbox"/>	413 € <input type="checkbox"/>

** If you have accompanying person (Who is going to attend the course), you can choose "Per Person in Double Room"; otherwise you must mark "Single Room".*

ACCOMPANYING PERSON DETAILS (if you need double room you must fill)

TITLE :

NAME - SURNAME :

PHONE / MOBILE PHONE :

NATIONALITY :

ID / PASSPORT NO :

E-MAIL :

The registration packages include;

- The registration fee
- 4 nights accommodation in all inclusive basis at congress hotels (March 15 -19)
- 4 open buffet lunches and dinners indicated in the program
- Continuous refreshments and coffee breaks at convention center
- Social Programme (March 18)
- Admission to all scientific sessions and activities,
- Congress documents
- VAT

Participation Rules;

- There will be no registration without accommodation according to the course regulations
- Accompanying persons are not allowed

Changes and Cancellation;

- Any money transfer deduction caused by your bank will be charged upon arrival
- All name changes and cancellations should be sent to Flaptour in written
- Participants will be refunded before January 8, 2017 for the cancellations
- There will be no refund after January 8, 2017



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MAIL ORDER FORM

First and Last Name :

Amount : (Euro)

Remarks :

Visa Master Card

Card No : ____ / ____ / ____ / ____

Due Date : __ /20 __

CVV-Security Code : ____

I approve to pay given amount with my credit card to FLAP KONGRE TOP. HİZ. OTO. VE TUR. A.Ş.

Please charge the amount from my credit card.

Date: __ / __ / 2017

Signature:

INVOICE DETAILS

First-Last Name / Company Name :

Address :

Phone / Mobile :

Tax Office :

Tax Number :

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