

**5th INTERNATIONAL THALASSEMIA SUMMERSCHOOL**  
**20 – 24 APRIL 2008**  
**GRAND HABER OTEL \*\*\*\*\* KEMER / ANTALYA / TURKEY**

**PATIENTS AND PARENTS**  
**REGISTRATION - ACCOMMODATION - TRANSFER FORM**

**Registration Information**

Lastname : ..... First Name : .....  
 Title : ..... State : .....  
 Address : .....  
 Posta Code : ..... City : ..... Tel : .....  
 GSM : ..... Fax : ..... E-mail : .....

**Registration** (is included badge, bag, congress book, coffee, welcome cocktail and gala dinner)

<b>Patient-Parent</b>	20 EURO + %18 VAT
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**Transfer**

<input type="checkbox"/> Bus	Arriving Date :...../...../2008 Arriving Time :..... Departure Date :...../...../2008 Departure Time :.....
<input type="checkbox"/> Airway	

**Hotel Booking**

Arrival Date :...../...../2008	Departure Date:...../...../2008		
Hotel	Single Room	Double Room per person	Triple Room per person
Grand Haber Otel*****	250 EURO	150 EURO	125 EURO

**HOTEL ACCOMMODATION: All inclusive** for four (4) days (Breakfast, lunch, dinner, food and beverage during the day, hotel's free activities till 24:00), transfers (airport-hotel-airport).

**PAYMENT**

Registration Fee ( EURO )	
Hotel Accommodation ( EURO )	
<b>TOTAL (EURO)</b>	

**PAYMENT INFORMATION:** All payment has been received in EURO to Yapı Kredi Bankası, Zeynep Kamil Branch Account No:, at 817 47936 the date of..... from..... Bank by account no.....

Date:	Signature:
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**CREDIT CARD (Tele Order Form)**

Please fill in below details in order to service TELE-ORDER			
Type of Card	Visa	Eurocard	Mastercard
Expire date	(dd / mm / yy):	CVC : (last three numbers at the back of your credit card)	
Credit Card no		Amount :	EURO .....
Card Holder Name – Surname			
Card Holder Signature		Date :(dd/mm /yy)	/ /
<i>I hereby authorise you to debit my credit card account for above service.</i>			

No registration will be accepted without full payment. If you want to participate to **5th INTERNATIONAL THALASSEMIA SUMMERSCHOOL**, please attach either a copy of the bank draft, or fill the form and send it via post or fax to the address below.

**Recipient Address**

Name : .....  
 Company : .....  
 Address : .....

<p><b>COMMUNICATION</b>                  Seden Çavuşoğlu / fides congress &amp; organization                  Tel/Fax : (+90 216 467 8292 )-(+90 216 467 8297)                  e-mail : info@fidesorganizasyon.com</p> <p><b>Ramazan Uluhan MD</b>                  Tel / Fax: (0216) 492 9551 / Gsm: (+90.542.3127969)  <b>Blood Banks and Transfusion Society</b>                  Bağdat Cd. Kumbaracılar Çıkması Birlik Apt. B- Blok No:16                  İstanbul. Türkiye Tel:+90.216.4144417 Faks:+90.216.4144419                  e-mail:kmttd@kmttd.org.tr</p>
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**THIS APPLICATION FORM IS ONLY FOR PATIENTS AND PARENTS.**