

5th INTERNATIONAL THALASSEMIA SUMMERSCHOOL
20 – 24 APRIL 2008
GRAND HABER OTEL *** KEMER / ANTALYA / TURKEY**
REGISTRATION - ACCOMMODATION - TRANSFER FORM

Registration Information

Lastname : First Name :
 Title : State :
 Address :
 Posta Code : City : Tel :
 GSM : Fax : E-mail :
 Accompanyings:
 Last name, Name: Age:
 Last name, Name: Age:

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

Registration Type	Till April 1, 2008	After April 1, 2008
Participant	100 EURO + %18 VAT	125 EURO + %18 VAT
Accompanying Guest	75 EURO + %18 VAT	100 EURO + %18 VAT

Transfer

Bus
 Airway
 Arriving Date :/...../2008 Arriving Time :
 Departure Date :/...../2008 Departure Time :

Hotel Booking

Hotel	Single Room	Double Room (per person)	0-12 age (50% discount)
Grand Haber Otel ***** Till April 1, 2008	375 EURO	275 EURO	
Grand Haber Otel ***** After April 1, 2008	400 EURO	300 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)	
TOTAL (EURO)	

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:

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 hereby authorise you to debit my credit card account for above service.

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 :

COMMUNICATION

Seden Çavuşoğlu / fides congress & organization
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Ramazan Uluhan MD

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THIS APPLICATION FORM IS ONLY VALID FOR THE PARTICIPANTS. APPLICATION FORM FOR PATIENTS AND PARENTS IS DIFFERENT.