



13th International Congress on Pelviperrineology and Functional Cosmetic Gynecology & Urology

30 October - 1 November 2026
Lazzoni Hotel, İstanbul / Türkiye



ACCOMMODATION FORM

Surname : Name :

Title : Mr: Ms:

Institution / Company : Department :

Adress :

City : Postal Code : Country :

Tel : Fax : E-mail :

ACCOMMODATION				
	August 31, 2026 and before		September 1, 2026 and after	
	Single Room	Double Room	Single Room	Double Room
Lazzoni Hotel (2 Night)	<input type="checkbox"/> 300.- EUR+12%VAT=335.- EUR	<input type="checkbox"/> 340.- EUR+12%VAT=380.- EUR	<input type="checkbox"/> 320.- EUR+12%VAT=360.- EUR	<input type="checkbox"/> 360.- EUR+12%VAT=400.- EUR
Lazzoni Hotel (3 Night)	<input type="checkbox"/> 450.- EUR+12%VAT=500.- EUR	<input type="checkbox"/> 510.- EUR+12%VAT=570.- EUR	<input type="checkbox"/> 480.- EUR+12%VAT=540.- EUR	<input type="checkbox"/> 540.- EUR+12%VAT=600.- EUR

2% accommodation tax and 10% VAT are added to the accommodation rates.

*The room rates mentioned above include 2 nights bed + breakfast accommodation. (October 30,2026 check in, November 1,2026 check out.)

Accommodation fees must be deposited to the Congress account number and the accommodation form and proof of payment must be sent by e-mail to pelviperrineology@figur.net

BANK INFORMATION

Account Name FİGÜR KONGRE ORGANİZASYONLARI VE TİC. A.Ş. Bank Name YAPI KREDİ BANKASI Branch Name ELECTROKENT
IBAN (TL) TR89 0006 7010 0000 0022 2861 86 IBAN (EUR) TR92 0006 7010 0000 0022 2832 22 Swift Code YAPITRISXXX

TOTAL :

CREDIT CARD : VISA MASTERCARD CARD NUMBER : _____

VALIDITY UNTIL: ____/____/____ (Month / Year) CVC2 : _____

I hereby authorize **FIGÜR Congress & Organization** to charge the above mentioned amount from my credit card. I fully accept the stated booking/ alteration / cancellation conditions.

SURNAME **NAME** **SIGNATURE**

*Please also include a double sided photocopy of your credit card to this form.

If the invoice will be issued on behalf of the company;

Company Name:

Invoice Address:

Phone Number: Tax Office Tax Identification Number

If the invoice will be issued on behalf of the individual;

Name-Surname

ID Number:

Provinç/ Country: Phone Number:

Please quote delegate name as a reference on any remittance.

Delegates requiring invoices should provide a purchase order number and invoice department address if this is different from the address for correspondence on the registration form.

