



1st - 3th November 2024 Lazzoni Hotel, Istanbul / Türkiye

REGISTRATION FORM

Surname:		Nam	ıe :		
Title :					
Institution / Company :		Department :			
Adress :					
City:Postal		l Code : Country :		try :	
Tel :	Fax	(:	E-mai	l:	
		REGISTRATION IN	IFORMATION	N.	
		Until May 20, 2024		After May 20, 2024	
Expert Participation		276 EURO			324 EURO
Assistant Participation		210 EURO			258 EURO
Company Representative		276 EURO			324 EURO
*20% VAT included.					
by e-mail to pelviperin Congress registration	eology@figur.net fee includes; c sessions, entrand	t ce to exhibition areas, coff			nd proof of payment must ben in the booth area, certifica
BANK INFORMATIO					
Account Name				A.Ş.	
Bank Name	YAPI KREDİ BANKASI				
Branch Name	ELECTROKENT				
IBAN (EUR)	TR92 0006	7010 0000 0022 2832	2 22		
TOTAL :					
CREDIT CARD : VISA	MASTERCA	ARD CARD NUMBE	R:		
VALIDITY UNTIL:	(Mon	th / Year) CVC2	:	_	
I hereby authorize FIGUR Congr	ess & Organization to char	rge the above mentioned amount fron		accept the stated bool	king/alteration / cancellation conditions.
*Please also include a doub	ole sided photocopy of y	your credit card to this form.			

Please quote delegate name as areference 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.

Cancellation of Registration: After October 10, 2024, there will be no congress registration cancellation, but name changes can be made.

