

12th International Congress on Pelviperineology and Regenerative Medicine



31 October - 2 November 2025
Lazzoni Hotel, Istanbul / Türkiye

REGISTRATION FORM

Surname : Name :
Title : Mr : ☐ Ms : ☐
Institution / Company : Department :
Adress :
City : Postal Code : Country :
Tel : Fax : E-mail :

| REGISTRATION INFORMATION | | |
|-------------------------------|--|--|
| | Before August 31st 2025 | After September 1st 2025 |
| SPECIALIST | <input type="checkbox"/> 315 EURO + %20 VAT = 380.- EURO | <input type="checkbox"/> 390 EURO + %20 VAT = 470.- EURO |
| ASSISTANT | <input type="checkbox"/> 260 EURO + %20 VAT = 315.- EURO | <input type="checkbox"/> 315 EURO + %20 VAT = 380.- EURO |
| COMPANY REPRESENTATIVE | <input type="checkbox"/> 315 EURO + %20 VAT = 380.- EURO | <input type="checkbox"/> 390 EURO + %20 VAT = 470.- EURO |

20% VAT is added to the prices.

Registration fees must be deposited to the Congress account number and the registration form and proof of payment must be sent by e-mail to **pelviperineology@figur.net**

Congress registration fee includes ;

Participation in scientific sessions, entrance to exhibition areas, coffee breaks and lunch to be taken in the booth area, certificate, name badge and congress book are included.

BANK INFORMATION

Account Name FIGÜR 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 **FIGUR 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:

Province/ Country: Phone Number:

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 August 31, 2025, there will be no congress registration cancellation, but name changes can be made.



Organization Secretariat
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