

# 12<sup>th</sup> International Congress on Pelviperineology and Regenerative Medicine



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

## ACCOMMODATION FORM

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

ACCOMMODATION		
Lazzoni Hotel	Before August 31st 2025	After September 1st 2025
Single Room	<input type="checkbox"/> 450 EURO + VAT %12 = 505.- EURO	<input type="checkbox"/> 480 EURO + VAT %12 = 540.- EURO
Double Room	<input type="checkbox"/> 510 EURO + VAT %12= 560.- EURO	<input type="checkbox"/> 540 EURO + VAT %12= 595.- EURO

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

\*The room rates mentioned above include 2 nights bed + breakfast accommodation. (October 31,2025 check in, November 2,2025 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 [pelviperineology@figur.net](mailto:pelviperineology@figur.net)

### BANK INFORMATION

Account Name FİĞÜR 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 : <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	CARD NUMBER : .....	
VALIDITY UNTIL: ____/____/____ (Month / Year)	CVC2 : .....	
I hereby authorize <b>FIGÜR Congress &amp; Organization</b> 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.

**Accommodation Cancellation:** After August 31, 2025, there will be no congress registration cancellation, but name changes can be made.



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