

IV. NATIONAL CONGRESS OF BLOOD CENTERS & TRANSFUSION MEDICINE**14-18 DECEMBER 2011****MARITIM PINE BEACH CONVENTION CENTER & RESORT HOTEL****BELEK / ANTALYA - TURKEY**

Please fax this form to, +90216 414 44 19 with payment receipt attached.
Registration form is for only one participant and accompanying persons.

The program you would like to participate Basic Training Program Congress Program

REGISTRATION AND ACCOMMODATION FORM

Name : _____ Last name : _____ Title / Field : _____

Institution : _____ Address : _____

Telephone : _____ Fax : _____ Mobile phone : _____

E-Mail : _____

REGISTRATION INFORMATION

| | Early registration until 20 October 2011 | Late registration on and after 20 October 2011 | |
|---------------------|--|--|-----------------|
| Participant | <input type="checkbox"/> 250 TL + VAT | <input type="checkbox"/> 300 TL + VAT | |
| Accompanying person | <input type="checkbox"/> 200 TL + VAT | <input type="checkbox"/> 225 TL + VAT | Total _____ -TL |

18% VAT will be added to the registration fee and invoice will be issued by Turkish Society of Blood Centers and Transfusion Commercial Enterprise. Registration Fee Includes name badge, bag, meeting book, coffee service and gala dinner.

ACCOMPANYING PERSONS

Name, Last Name : _____ Age : _____

Name, Last Name : _____ Age : _____

MODE OF TRANSPORTATIONAirplane Arrival Date : _____ Hour of Arrival : _____Airplane Arrival Date : _____ Hour of Arrival : _____**ACCOMMODATION PACKAGE**

| Maritim Pine Beach / 5 days-4 nights | Early registration until 20 October 2011 | Late registration on and after 20 October 2011 | |
|--------------------------------------|--|--|-------------------|
| Single Room | <input type="checkbox"/> 425 EURO + VAT | <input type="checkbox"/> 475 EURO + VAT | |
| Double Room (Per Person) | <input type="checkbox"/> 325 EURO + VAT | <input type="checkbox"/> 375 EURO + VAT | |
| Age 0-12 | <input type="checkbox"/> %50 discount | <input type="checkbox"/> %50 discount | |
| Daily Registration | <input type="checkbox"/> 45 EURO + VAT | <input type="checkbox"/> 45 EURO + VAT | Total _____ -EURO |

| Maritim Pine Beach / 6 days-5 nights | Early registration until 20 October 2011 | Late registration on and after 20 October 2011 | |
|--------------------------------------|--|--|-------------------|
| Single Room | <input type="checkbox"/> 500 EURO + VAT | <input type="checkbox"/> 550 EURO + VAT | |
| Double Room (Per Person) | <input type="checkbox"/> 375 EURO + VAT | <input type="checkbox"/> 425 EURO + VAT | |
| Age 0-12 | <input type="checkbox"/> %50 discount | <input type="checkbox"/> %50 discount | |
| Daily Registration | <input type="checkbox"/> 45 EURO + VAT | <input type="checkbox"/> 45 EURO + VAT | Total _____ -EURO |

- Participants, who do not stay at congress hotels or whose accommodation reservations have not been made through our society will be required to pay an outsider participation fee. This fee includes making use of congress meeting package services, which is not included in "all inclusive" system for the hotel guests, and is mandated by the hotel. Since this additional cost is included in the accommodation package rates, this fee is not going to be required from our participants, who have made their accommodation reservations through our association.
- Hotel fees stated above includes four days (until 00:00) food and drink services, free activities at the hotel, social programs (all inclusive), airport-hotel-airport transfers.
- 18% VAT will be added to accommodation rates.

PAYMENT INFORMATION**Bank Transfer****For Registration Fees**

Bank : Akbank

Branch : Çiftehavuzlar (138)

Account Name: Türkiye Kan Merkezleri ve Transfüzyon Derneği İktisadi İşletmesi

IBAN No. : TR58 0004 6001 3888 8000 0708 63 (TL)

For Accommodation Fees

Bank : Akbank

Branch : Çiftehavuzlar (138)

Account Name: Türk Kan Vakfı İktisadi İşletmesi

IBAN No. : TR13 0004 6001 3803 6000 0708 62 (EURO)

INVOICING INFORMATION

Person/Institution to be Invoiced : _____

Invoice Address : _____

Tax office and tax number : _____

Address the Invoice will be sent to : _____

For Detailed Information: Dr. Ramazan Uluhan
Mobile phone: +90 542 312 79 69 e-mail: ruluhan@yahoo.com
Turkish Society of Blood Centers and Transfusion
Tel: +90 216 414 4417 (pbx) Fax: +90 216 414

or
Please click
**IV. NATIONAL CONGRESS OF BLOOD CENTERS and
TRANSFUSION MEDICINE**

on
www.kmtd.org.tr and www.kan.org.tr websites