

CURRENT CONCEPTS AND CONTROVERSIES IN ORTHOPAEDIC SURGERY

ULUSLARARASI ORTOPEDİ VE TRAVMATOLOJİDE TARTIŞMALI
GÜNCEL KONULAR SEMPOZYUMU

Ankara, Turkey
September 24-26 2010



REGISTRATION FORM

Participant Name :

Firm / Association Name :

Telephone : Fax :

Address :

Title : Mobile : E-mail :

It is important that all the information on the form is filled in properly, so we can inform the participants of any potential changes before, and in particular during the symposium.

REGISTRATION FEES

Attendance Fees	Standard Accommodation	Early Reservation *Reduced Fee	Standard Accommodation Assistant Fee	Attendance Without Accommodation	Partial Attendance
	450 € (900 TL)	400 € (800 TL)	350 € (700 TL)	150 € (300 TL)	100 € (200 TL)

* For applications made before 1st September 2010

- ◆ The standard accommodation participants will arrive at the hotel at noon on Thursday 23rd September 2010 at noon, and leave by noon on Sunday 26th September 2010.
- ◆ The standard accommodation participants share a double room, those who wish to stay in a single room must pay an additional 125€ (250TL) per person.
- ◆ Overnight guests will be transferred from the airport and the Ankara Intercity Bus Terminal, to the hotel.
- ◆ Day guests may benefit from lunch and other daytime services; the promotions, certificates, prize draws, and any other services provided to the other guests.
- ◆ All fees are inclusive of VAT.
- ◆ A letter of invitation can be sent to those who make an application if required.

PAYMENT DETAILS

1-By Money Order

Send money orders to;

TL Account: SIMURG ORGANIZATION Akbank Mitatpasa Branch, Account No: 0096835 (IBAN: **TR09 0004 6003 5488 8000 0968 35**)

Euro Account: SIMURG ORGANIZATION Akbank Mitatpasa Branch, Account No: 0096805 (IBAN: **TR68 0004 6003 5403 6000 0968 05**)

Payments may be made to the above bank accounts, and please state that the payment is for the 'Orthopaedic Symposium' on the bank receipt, and please send your form and bank receipt to us by fax on **0312 433 23 57**.

2. Credit Card

Visa

MasterCard

Name and Surname Of The Owner :

Card No :

CVC No :

Expiration Date :

Total :

Signature :

I accept and declare purchase interest to be cashed from my credit card account by SIMURG ORGANIZATION

For more information please contact: Simurg Organization Tel: **0090 312 433 23 67** Or visit our website **www.ortopedisempozyumu.org**

For reservations contact Sebnem KADIOGLU on 0090 554 891 25 45

CONDITIONS OF CANCELLATION

Cancellations made in writing before 15th September 2010 will be subject to a 50% refund, there will be no refunds for any cancellations made after the above date.

NOTE: All refunds will be made after the congress ends.

You can use the copies
of this form.