



2. ULUSLARARASI SEMPOZYUM "ÇÜRÜMEDEN KORU"

II. INTERNATIONAL SYMPOSIUM "PREVENT FROM CARIES"

26-27 April 2019 · Armada Hotel, Istanbul



REGISTRATION FORM

Name Surname :
Institute : Title :
Address :
City :
E-Mail : Tel (GSM) :

**The invoices will be issued for the participant's name unless requested differently.*

REGISTRATION FEES

REGISTRATION TYPE	Registration Fee
Dentistry Student	<input type="checkbox"/> 200,00 TL
Doctorate Student / Resident Academician / Dentist	<input type="checkbox"/> 350,00 TL

* The above mentioned registration fees are inclusive of two day participation to the symposium, coffee breaks and lunch services on April 27.

* The doctorate students and residents should complete their registration by sending their registration forms along with required documents from e-devlet, to the mail address curumedenkoru2019@k2-events.com.

* The fees are inclusive of VAT.

PAYMENT BY BANK TRANSFER

All payments will be transferred to K2 Congress Event and Management accounts.

Account Name	KAİKİ KONGRE YÖNETİMİ VE TURİZM A.Ş. (K2 Conference and Event Management)
SWIFT	ISBKTRISXXX
Branch Code	Is Bankasi Kadikoy Rıhtım Branch (1394)
Branch Number	14660
Iban No	TR93 0006 4000 0011 3940 0146 60 (TL)

* We kindly ask you to send your bank receipt to K2 Congress and Event Management to the mail address (curumedenkoru2019@k2-events.com) and write your name-surname and the registration fee to the description part.

* Your registration will not be completed before we receive your bank receipt and your payments.

We thank you for your understanding.

PAYMENT BY CREDIT CARD

Bank Name : Cardholder's Name :

Credit Card Fee Security Code

VISA MASTER CARD Expiration Date

Total Fee :

I confirm the accuracy of the information stated above and authorize K2 Congress and Event Management to charge the stated total fee from my credit card.

Date:

Signature:



CONGRESS SECRETARIAT

K2 Conference and Event Management

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