45th ANNUAL CONGRESS OF INTERNATIONAL SOCIETY FOR PEDIATRIC NEUROSURGERY
OCTOBER 8-12, 2017, DENVER, USA

Please complete and return this form to the Congress Secretariat
Kenes M+, by e-mail to ecarkci@kenes.com or by fax to +902122999977

REGISTRATION & HOTEL RESERVATION FORM

Surname _____ Name _____ Title _____

Mailing address _____

_____

Postal code _____ City _____Country_____

Phone ( )_____ Mobile Phone _____
Office hours/Country and City Code

E-mail _____ @ _____

If you wish to have a different address to appear on your receipt please indicate:

Company name _____

Address_____

1. REGISTRATION

Registration Categories	Early Registration (until August 14)	Late Registration between (August 15-October 12)
ISPN Members	☐ $ 750	☐ $ 800
Non Members	☐ $ 900	☐ $ 950
Other Specialist*	☐ $ 350	☐ $ 400
Developing Countries**	☐ $ 250	☐ $ 275
Medical Trainee / Students***	☐ $ 250	☐ $ 300
Nurses****	☐ $ 250	☐ $ 300
Nursing Symposium ONLY	☐ $ 100	☐ $ 100
Accompanying Persons Name: _____ Surname: _____	☐ $ 250	

** All other doctors non-neurosurgeons, i.e. oncologists, neurologists, pediatric doctors… (all Medical Doctors (and or PhD with medical degree) who are not neurosurgeons); Doctor's ID card must be presented to the registration desk during the Annual Meeting.*

*** To qualify for Developing Country rate, you must be a citizen of and reside in a country listed below:*
Afghanistan, Armenia, Bangladesh, Benin, Bhutan, Bolivia, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, Central African Republic, Chad, Comoros, Congo Dem. Rep., Congo Rep., Côte d'Ivoire, Djibouti, Egypt Arap Rep., El Salvador, Eritrea, Ethiopia, Gambia, Georgia, Ghana, Guatemala, Guinea, Guinea-Bisau, Guyana, Haiti, Honduras, India, Indonesia, Kenya, Kiribati, Korea Dem Rep., Kosovo, Kyrgyz Republic, Lao PDR, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Micronesia Fed. Sts., Moldova, Morocco, Mozambique, Myanmar, Nicaragua, Nepal, Niger, Nigeria, Pakistan, Papua New Guinea, Philippines, Rwanda, Samoa, São Tomé and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sri Lanka, Sudan, Swaziland, Syrian Arab Republic, Tajikistan, Tanzania, Timor-Leste, Togo, Uganda, Ukraine, Uzbekistan, Vanuatu, Vietnam, West Bank and Gaza, Yemen, Zambia, Zimbabwe. It is limited to 25 participants on first come first served basis.

******** *Reduced rate available to Medical Trainees/Students; Proof of enrolment must be supplied.*

***** Nurse's ID card must be presented to the registration desk during the Annual Meeting.*

EPILEPSY SYMPOSIUM REGISTRATION:
The registration fee for the main meeting does not include the attendance to the symposium. If you are interested in attending the Epilepsy Symposium, you will need to register separately.
You may also register to the symposium only even you are not registered to the main meeting.

Category / Rate	Early registration (until 14 August)	Late registration (15 August – 12 October)
Epilepsy Symposium	☐ 150.-USD	☐ 150.-USD

Registration fee for ISPN Members, Non- Members, JNS & JPNS Members, Neurosurgeons from Developing Countries and Nurses includes: Entry to all Meeting sessions, entrance to the exhibition area and poster sessions, final program book, CNS journal, ID badge, coffee breaks, Welcome reception, gala dinner

Registration fee for Other Specialists, Other Specialists from Developing Countries, Medical Trainees/Students includes: Entry to all Meeting sessions, entrance to the exhibition area and poster sessions, final program book, CNS journal, ID badge, coffee breaks

Accompanying Person Registration Includes: ID badge, welcome reception, gala dinner

Cancellation of Registration & Epilepsy Symposium: Your registration will be confirmed by letter, once the Congress Secretariat receives your full payment. Cancellation of registration will be accepted until 14 August 2017 up to which date the registration fee will be refunded
with a 50.-USD deduction for administrative expenses. For cancellations received after 14 August 2017 the registration fee will be non-refundable.

2. HOTEL RESERVATION

Room Category / Rate	Single Room	Double / Twin Room
Standard (One King Bed)	☐ $ 250	☐ $ 250
Standard (Two Queen Beds)	☐ $ 250	☐ $ 250
Corner King	☐ $ 270	☐ $ 270
Executive Suit (One bedroom)	☐ $ 305	☐ $ 305

Check-in Date: ……/October 2017	**Check-out Date: ……/October 2017**
Special Requests:	
Sharing With:	

…….. Nights x ……..US$ = **Subtotal US$** _____
(Number of nights) **(Daily Room Rate)**

I will share my room with *(fill in name)* _____

- The rates for all room categories are for one night stay on room only basis including VAT and taxes.
- Please note the check-in time is starting from 15:00 and the check-out time should be maximum at 12:00.
- For any changes or cancellations on your booking please contact Mr. Emre Carkci ecarkci@kenes.com in written.

Cancellation Policy of Hotel Reservations

Until and on August 18: Total payment will be refunded.
From and on August 19: Total hotel payment is non-refundable.

PAYMENT:

- All payments should be made in USD.
- All prices are inclusive of VAT
- Please note that we do not accept Eurocheques, company cheques or personel cheques.
- A confirmation letter will be mailed within one week of receipt of the total registration fee.
- Please make your wire transfer for your registration fee excluding the bank transfer charges.

Total Amount

_____ **USD**

☐ **Bank Transfer**
Account name : Kenes Uluslararası Kongre Turizmi Tic. Ltd. Sti.
Bank name : TÜRKİYE GARANTİ BANKASI A.Ş.
Branch : Topkapı Sanayi/286
Account No : 9083463
IBAN No. (USD): TR04 0006 2000 2860 0009 0834 63
SWIFT CODE : TGBATRIS XXX

☐ **Credit Cards** (Only Visa, Eurocard / Mastercard) ☐ Visa ☐ Eurocard / Mastercard

Credit Card No. ____/____/____/____/ ____/____/____/____/ ____/____/____/____/ ____/____/____/____

Expiry date ____/____/ Month ____/____/ Year Security Code ____/____/____
Please indicate the last digit security code on the back of your credit card.

Having signed below, I herewith confirm that I have read and that I am fully aware of the cancellation policy stipulated.

I Hereby authorize Congress Secretariat, Kenes Turkey to debit this credit card account for the Total Amount due USD

Date _____ **Name /Surname (as it appears on your card)** _____

Signature

_____