

3rdINTERNATIONAL DERMATOLOGY AND COSMETOLOGY CONGRESS
WOMEN IN DERMATOLOGY14-17 MARCH, 2018
HILTON ISTANBUL BOSPHORUS HOTEL
ISTANBUL, TURKEY

www.indercos.org

REGISTRATION FORM

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

Registration Fee	EARLY BIRD Before January 12, 2018	REGULAR January 13, 2018 - March 2, 2018	ON-SITE After March 3, 2018
Participants	☐ 260 €	☐ 340 €	☐ 385 €
Residents	☐ 210 €	☐ 255 €	☐ 300 €
Accompanying Person & Company Representatives	☐ 210 €	☐ 255 €	☐ 300 €
Poster Presenter	☐ 150 €	☐ 150 €	☐ 150 €
Oral Presenter	☐ 100 €	☐ 100 €	☐ 100 €
Hands-On Cosmetology Courses (Each Course)			
*Hands-On Hair Transplantation Courses	14 March Wednesday	☐ 500 €	
*Hands-On Genital Aesthetic Courses	15 March Thursday	☐ 500 €	
*Hands-On Cadaver Courses	16 March Friday	☐ 500 €	
*Hands-On Fillers and Threads Courses	17 March Saturday	☐ 500 €	
*Hands-On Stem Cell Therapy Courses	17 March Saturday	☐ 500 €	

* All prices are excluding of % 18 VAT.

* Only course participation is not allowed. Congress registered participants may participate the courses.

* Each course is 500 Euro + % 18 VAT.

* Each course session are only for 15 participants.

* A resident is defined as a research assistant in a medical university or research company. Residents must provide "proof of research assistant" for their registration (transcript, copy of a current student identification card, or letter signed by head of department).

Payment

Payment of costs must be made when the Registration Form is completed or a purchase order must be provided. All payments must be in EURO using one of the following methods:

Bank Transfer

Payments can also be made by bank transfer. All transfer costs should be covered by the Payee. Payments can be made to the following account.

BANK ACCOUNT DETAILS**Account Name** : Figur Kongre Organizasyonları ve Tic. A.Ş.**Branch Name and Code** : Garanti Bankası / Valikonagi (183)**Account Number** : 183-9082655 Euro)**Swift Code** : TGBATRIS**IBAN Number** : TR29 0006 2000 1830 0009 0826 55

SUB TOTAL :	% 18 VAT :	GRAND TOTAL :
CREDIT CARD : ☐ VISA ☐ MASTERCARD	CARD NUMBER : _____	
VALIDITY UNTIL : ____/____/____ (Month / Year)	CVC2 : ____	
I hereby authorize FIGUR Congress & Organization 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.		

Please quote delegate name as a reference 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.

PLEASE NOTE: NO OTHER METHODS OF PAYMENT CAN BE ACCEPTED. REGISTRATION WILL NOT BE CONFIRMED UNTIL PAYMENT IS RECEIVED. ALL PAYMENTS MUST BE IN EURO.**Cancellation of Registration**This Registration Form as well as cancellations must be sent to **FIGUR Congress & Organization** by fax: +90 212 258 60 78 or by e-mail: indercos@figur.net**REGISTRATION CANCELLATION POLICY**Registration can be cancelled until **January 22, 2018**. A written cancellation request should be sent to organizing secretariat. Cancellations will not be accepted after **January 22, 2018**. Name changes are possible.**Organization Secretariat****FIGUR CONGRESS & ORGANIZATION**

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