MACULART Meeting 2017
2-4 July, 2017, Paris, France

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

REGISTRATION 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_____

REGISTRATION

Registration Categories	Early Bird Until April 15, 2017	Regular April 16-July 1, 2017	Onsite July, 2-4, 2017
Regular	☐ € 400	☐ € 450	☐ € 500
FFM Member	☐ € 350	☐ € 400	☐ € 450
Resident/Fellow/Trainee	☐ € 200	☐ € 200	☐ € 250
Daily Registration for Resident/Fellow/Trainee ☐ 2 July ☐ 3 July ☐ 4 July	☐ € 100	☐ € 100	☐ € 120

Registration fee for Regular, FFM Member, Resident/Fellow/Trainee includes: Name Badge, Certificate of Attendance, Entrance to scientific sessions and exhibition area, lunches and coffee breaks
Registration fee for One Day attendance Resident/Fellow/Trainee includes: Name Badge, Certificate of Attendance for the selected date, Entrance to scientific sessions and exhibition area, lunches and coffee breaks

Cancellation of Registration:
Once validated with payment or invoice, registrations are subject to the following conditions:

Cancellation received before and on **May 15, 2017,** the registration fee will be refunded less the administrative charges 50.-€
Cancellation received between **May 16 and May 31, 2017**, %50 of the registration fee will be refunded.
Cancellation received after **May 31, 2017**, the registration fee will be non-refundable.

Notification of changes in reservation and/or cancellations must be done in writing to the Congress Secretariat, Kenes Turkey, Mrs. Pınar Cobanoğlu pcobanoglu@kenes.com.

Remarks:
- All prices are inclusive of VAT and taxes.
- A confirmation letter will be mailed within one week of receipt of the total registration fee.

PAYMENT: **Total Amount: EURO**

☐ **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 EURO

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

Signature_____