

5thINDERCOS



International Dermatology and Cosmetology Congress

12 - 15 March 2020 - Wyndham Grand Levent - Istanbul

REGISTRA	TION FORM		
Surname :	Name:		
Title :	. Mr:		
Institution / Company:	Department:		
Adress:			
City:Postal Code:	•		
Tel:Fax:			
Registration Fee	EARLY BIRD Before December 31, 2019	REGULAR January 01, 2020 - March 06, 2020	ON-SITE after March 06, 2020
Participants	320€	360€	□ 400 €
Residents	260 €	280 €	300€
Accompanying Person & Company Representatives	260€	280 €	300€
Poster Presenter	250€		300€
Oral Presenter	200 €	200€	250 €
Hands-On Cosmetology Courses (Each Course)	Registered Participant Co		urse Registration fee
*Hands – on Basic Fillers (Basic to advance)	300 €		500 €
*Hands – on Hair Transplantation	300€		500 €
*Hands – on Lip Filler (Basic to advance)	300€		500€
*Hands – on Botulinum Toxin in Upper Face	300€		500€
*Hands – on Non-Surgical Rhinoplasty (Nose Job)	300€		500€
*Hands – on Under Eye and Midface Fillers (Basic to advance)	300€		500€
*Hands – on Dermal Fillet: Dynamic Face Line	300€		500€
*Hands – on Cadaver Course			500 €
* All prices are excluding of % 18 VAT. * Only course registration fee is 500 EUR * Each course session are only for 15 participants. * If you registered for the cone * A resident is defined as a research assistant in a medical university or a their registration (transcript, copy of a current student identification card Payment Payment of costs must be made when the Registration Form is comple using one of the following methods: Bank Transfer Payments can also be made by bank transfer. All transfer costs should be BANK ACCOUNT DETAILS Account Name : Figur Kongre Organizasyonları ve Tic. A.Ş. Account Number : 9082655 (Euro) IBAN Number : TR36 0006 2001 6710 0009 0826 55	gress the course fee 300 El research company. Res , or letter signed by hea ted or a purchase orde pe covered by the Paye	idents must provide "p ad of department). er must be provided. A ee. Payments can be m	ll payments must be in EUR ade to the following accour Bankası / BEYOĞLU TİCARİ
SUB TOTAL: % 18 VAT:		GRAND TOTAL :	
	NUMBER :	GIAND TOTAL:	

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.

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.

NAME

CVC2

Cancellation of Registration

VALIDITY UNTIL _:_/___

This Registration Form as well as cancellations must be send 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 01, 2020. A written cancellation request should be sent to organizing secretariat. Cancellations will not be accepted after January 01, 2020. Name changes are possible.



(Month / Year)

*Please also include a double sided photocopy of your credit card to this form.

SURNAME

SIGNATURE