



6th INDERCOS ONLINE CONGRESS



11 - 14 March 2021

Integrative Dermatology and Technology in Dermatology

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 31, 2021 | REGULAR February 01, 2021- March 07, 2021 | ON-SITE after March 08, 2021 |
|-------------------------|--|---|------------------------------------|
| Participants | <input type="checkbox"/> 300 € | <input type="checkbox"/> 320 € | <input type="checkbox"/> 340 € |
| Residents | <input type="checkbox"/> 280 € | <input type="checkbox"/> 300 € | <input type="checkbox"/> 320 € |
| Company Representatives | <input type="checkbox"/> 260 € | <input type="checkbox"/> 280 € | <input type="checkbox"/> 300 € |
| Poster Presenter | <input type="checkbox"/> 260 € | <input type="checkbox"/> 280 € | <input type="checkbox"/> 300 € |
| Oral Presenter | <input type="checkbox"/> 260 € | <input type="checkbox"/> 280 € | <input type="checkbox"/> 300 € |

* All prices are excluding of % 18 VAT.

* 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.

Account Number : 9082655 (Euro)

IBAN Number : TR36 0006 2001 6710 0009 0826 55

Branch Name and Code : Garanti Bankası / BEYOĞLU TİCARİ (1671)

Swift Code : TGBATRIS

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 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, 2021**. A written cancellation request should be sent to organizing secretariat. Cancellations will not be accepted after **January 01, 2021**. Name changes are possible.



Organization Secretariat

FIGUR CONGRESS & ORGANIZATION

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Tel: +90 212 381 46 00 - Fax: +90 212 258 60 78

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