Please fill the registration form and send it to Ea Organization with the contact information below.

**Ea Organization**
Göksu Evleri Çamlık Cad. No:191, Anadolu Hisarı, İstanbul-Türkiye

**Fax:** +90 (216) 46540 48
**E-mail:** thed@eaorganizasyon.com.tr

**Phone:** +90 (216) 465 35 40

**1- Personal Information**

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  | **Surname** |  |
| **Institution** |  |
| **City** |  |
| **Mobile Phone** |  |
| **E-mail** |  |

**2- Registration Fees**

|  |  |
| --- | --- |
| **REGISTRATION** | **Onsite** |
| **After 14 March 2020** |
| **THED MEMBER** | **Faculty Member** | [ ]  1.690 TL |
| **Specialist, Research Assistant, Student** | [ ]  1.300 TL |
| **NON-MEMBER** | **All participants** | [ ]  2.295 TL |
| **One day registration\*** | [ ]  785 TL |

• All registration fees include 18% VAT.

• Specialists, research assistants and students are required to submit their documents together with the registration payment receipt, if not, the registration fee will be charged.

• In order to benefit from the membership fees, the membership must be active and the membership fee of 2019-2020 must be paid.

• **Academic staff, experts, research assistants and students are included in the registration fee:** Name badge, certificate of attendance, congress bag, congress documents (congress summary book + pocket program), participation in scientific meetings, entrance to the stand area, lunch during the congress, lunch before and after coffee breaks

**\* Participation in one-day attendance:** Name badge, one-day attendance certificate, congress bag, congress documents (congress summary book + pocket program), attendance to scientific meetings, entrance to stand area, lunch to be given on the day of attendance, coffee to be given before and after the afternoon breaks.

**CANCELLATION AND REFUND POLICY**

* No refunds will be made as of 7 February 2020. Name changes after this date will be acceptable.
* For cancellation requests made before February 7, 2020, 10% of the payment amount will be cut and returned.
* Registration and accommodation cancellation request must be notified to Ea Organization in writing.
* All refunds will be made after the congress.

**INVOICE**

**Please choose one of them \*(needed)**

**Company:**  **Person:**  **University:**

After the invoice cut, the expenses arising from the changes I will make in my billing information will be covered by me.
I approve that my invoice will be issued in accordance with the information given below.

**INVOICE DETAILS**

**Company / Person / University Name:**

**Company / Person / University Address:**

**Company / University Tax Office:**

**Company / University Tax Number & Identity:**

**For those who want to pay by BANK TRANSFER:**

**BANK INFORMATION**

**Bank Name: Denizbank**

**Account Name: Ea Organizasyon**

**Branch / Code: Altunizade / 9930**

**Account Number: 4843153-351**

**IBAN: TR76 0013 4000 0048 4315 3000 01**

**You should keep a copy to keep it in your records.**

With this signature, I declare that I have read and accept the accuracy of my accommodation information on pages 1 and 2, as well as the conditions of cancellation and without any pressure.

I accept that I have completed my billing information above.

**Date Name-Surname Signature**

**CREDIT CARD PAYMENT FORM**

**Date**  **:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit card holder : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Passport no : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit Card Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Security code :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(The last three digits on the back of the credit card)

**Bank name :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Card type :** Visa Master Card Other

**Payment details**

**Amount to be collected (by number):**

**Amount to be collected (in writing):**

I confirm the accuracy of the information given above, and request and undertake the payment of the amount specified for the service performed with my credit card number above.

**Signature (signature by fax or mail before the congress) Signature (in registration desk)**

**Please fill in the form completely and send it to thed@eaorganizasyon.com.tr or +90 (216) 46540 48 (fax).**