

ACCOMMODATION FORM

Surname: Name:
 Title: Mr: ☐ Ms: ☐
 Institution/Company: Department:
 Address :
 City: Postal Code: Country:
 Phone: ID Number : E-mail :

ACCOMMODATION		
Wyndham Grand Levent Hotel	SINGLE ROOM	PER PERSON in DOUBLE ROOM
2 NIGHTS	☐ 450.-EUR+%12 VAT=504.-EUR	☐ 500.-EUR+%12 VAT=560.-EUR
3 NIGHTS	☐ 675.-EUR+%12 VAT=756.-EUR	☐ 750.-EUR+%12 VAT=840.-EUR

Accommodation fees must be transferred to the designated bank account. The completed registration form along with the proof of payment must be sent via email to lowed@figur.net.

BANK ACCOUNT DETAILS

Account Name Figür Kongre Organizasyonları ve Tic. A.Ş. Bank Name Yapı Kredi Bankası
 Branch Name Perpa Elektrokent Şubesi IBAN Number (TL) TR310006 7010 0000 0026 6698 84

SUBTOTAL:	% 10 VAT:	TOTAL:
CREDIT CARD: ☐ VISA ☐ MASTERCARD VALIDITY UNTIL: ____/____/____ (Month/ Year) 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.	CARD NUMBER: _____ CVC2 : _____ Surname: _____ Name: _____	Signature: _____ **Please also include a double sided photocopy of your credit card to this form.

If the invoice will be issued on behalf of the company;

Company Name:
 Invoice Address:
 Phone Number: Tax Office: Tax Identification Number:

If the invoice will be issued on behalf of the individual;

Name-Surname:
 ID Number:
 Province/Country: Phone: