



## CONGRESS REGISTRATION FORM

Name:	Surname:	Title:	Age:
Speciality:	Institution:		
Mail address:			
Telephone:	Fax:	e-mail:	
Accompanying person(s) <input type="checkbox"/>	Adult <input type="checkbox"/>	Child <input type="checkbox"/>	Name, surname: Age:
<input type="checkbox"/>	Adult <input type="checkbox"/>	Child <input type="checkbox"/>	Name, surname: Age:
Congress Registration Fee	March 1, 2006 and before	After March 1, 2006	
Participant			
<input type="checkbox"/> Members of the TTS or ERS	150.-EURO	175.-EURO	
<input type="checkbox"/> Non-members	175.-EURO	200.-EURO	
<input type="checkbox"/> Accompanying person(s):	100.-EURO	125.-EURO	
Postgraduate Courses	20.-EURO	20.-EURO	
<input type="checkbox"/> 1. Pulmonary Rehabilitation			
<input type="checkbox"/> 2. Novel Approaches in Pediatric Pulmonology			
Total Congress Registration	Participant X EURO	EURO	
	Accompanying person(s) X EURO	EURO	
GRAND TOTAL € (EUR)		.....	
Type of payment:	Money order-bank transfer <input type="checkbox"/>		
	Credit Card payment	Visa: <input type="checkbox"/>	MasterCard: <input type="checkbox"/>
Credit Card N°: <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>		CVC2: <input type="text"/>	
Surname:	Name:	Signature:	
<p>* Please pay the congress registration fee to the following account of the Turkish Thoracic Society: Türkiye İş Bankası, Gazi Tip Branch (Ankara-Turkey), Branch Code: 4367, Euro Account Nr: 0005377</p> <p>* The bank voucher must be submitted to Figür Congress Organization Service.</p>			
Note: This form can be photocopied			
<p>Congress Organization Secretariat Figür Congress Organization: Ayazmadere Cad. Karadut Sok. No: 7 Dikilitaş, 34394, İSTANBUL Tel: +90 212 258 60 20 Fax: +90 212 258 60 78 e-mail: toraks@figur.net</p>			

