

MEFFERT IMPLANT INSTITUTE
BONE SYMPOSIUM
OCTOBER 5-8TH 2017
REGISTRATION

DATE:/...../.....

NAME : _____
LAST NAME : _____
ADDRESS : _____

PHONE : _____ CELL : _____ FAX: _____
EMAIL : _____@_____

Including three nights stay in **single room** 650 euros Companion 350 euros

TOTAL AMOUNT : _____

VISA MASTERCARD

CARD NO : _____/_____/_____/_____

CARD EXP. DATE MOON: _____ YEAR: _____

SECURITY CODE: _____

SIGNATURE DATE.....

Fax or email your registration form
Fax: 90 312 4273631 email: meffert@meffertimplant.com

INCLUDED IN THE PROGRAM – LIMITED TO 300 PEOPLE

- *All inclusive 3 nights stay
- *Welcome cocktail on october 5 th at 19:00 pm
- *6-7 october scientific program
- *Accommodation of accompanying person is 3-night all inclusive
- *Gala dinner on october 7th at 20:00
- *Simultaneous translation and certificates

PAYMENT INFORMATION

I accept that the information above is correct.
For the educative program to be organized I accept that Meffert Implant Institute using the information above receive the given amount as charity.
The insitute if needed has the right to make changes .
There is a 10% charge for cancellations before the 1st of June
There is a 20% charge for cancellations between

EURO ACCOUNT INFORMATION

Bank name = AKBANK
Account name=Meffert İmplant Enstitüsü Derneği
Branch no =0116
Bnbranch name= Kavaklıdere –Ankara
Account no =0101075
Iban =TR50000 4600116036000101075
Swift code =AKBKTRIS