

4. FOOD SAFETY CONGRESS

14 – 15 MAY 2013

Military Museum And Cultural Center

REGISTRATION FORM

Personal Information

Mr. Mrs. Member Non - Member Student Daily Participation

Name : Surname :
Company : Title :
Address :
City :
E-mail :
Phone : Fax : Mobile Phone :

Category :	Until March 15, 2013	Until May 10, 2013	Onsite
Members *	<input type="radio"/> 120 €	<input type="radio"/> 145 €	<input type="radio"/> 180 €
Non - Members	<input type="radio"/> 150 €	<input type="radio"/> 175 €	<input type="radio"/> 210 €
Student **	<input type="radio"/> 35 €	<input type="radio"/> 40 €	<input type="radio"/> 45 €
Daily Participant ***	<input type="radio"/> 90 €		

Registration fees include VAT.

* Only members of (alphabetic order)

The Packaging Manufacturers Association; Poultry Meat Producers and Breeders Association; Turkish Egg Producers Association; Turkish Feed Manufacturers' Association; Turkish Food and Beverage Industry and Employers Association; Turkish Food Safety Association; Union of Dairy Beef Food Industrialists and Producers of Turkey

** Participants who would like to profit from reduced student registration, have to send their student certificate with the registration form only if they had an education regarding food.

*** Daily registration fee includes; one day attendance to Scientific Program, coffee breaks, lunch, congress CD, congress bag and congress book.

Cancellation Policy

Notification of all cancellations must be received in writing.

Cancellations 30 days before the congress date will be refunded as 50% of the payment.

Cancellations 29 days before the congress date will not be refunded.

All refunds will be reimbursed after the congress.

IN ORDER TO FOLLOWING YOUR PAYMENT PROCESS, CONGRESS CODE (KON: 406) MUST BE WRITTEN IN RECEIPT COMMENTS.

Bank Transfer

Bank's name / branch code: İŞ BANKASI 1170 KOŞUYOLU ŞUBESİ

Account Name : SİM KON TURİZM İNŞ. VE TİC. LTD. ŞTİ.

Swift Code : ISBKTRISXXX

Account Numbers / IBAN

TL TR63 0006 4000 0011 1700 5009 28

EURO TR57 0006 4000 0021 1700 4365 26

Credit Card

Card Holder's Name :
Card Number : ____/____/____/____
Expiry Date : __/____
CVV2 Code : ____
Total Amount :
Date : __/____/2013
Signature :

Please complete the form and return it with a copy of the front and back sides of your credit card and ID to the fax: +90 216 580 90 90 or e-mail: skutlu@symcon.com.tr (Ms. Selin Kutlu)