



# Registration Form

September 20-22, 2012 Istanbul, TURKEY

If you experience any technical difficulties when using this form, or if you have registration questions, changes or cancellations please contact [info@isrbp2012.com](mailto:info@isrbp2012.com)

**Participants** (Please prints clearly and use a separate registration form for each participant)

Salutation: Mr.  Ms.  Title: .....

First Name: ..... Surname: .....

Clinic/Institution: ..... Department: .....

Address/Street: .....

City/Postal Code: ..... Country: .....

Telephone: ..... Fax: ..... Email: .....

Member  Non-Member  Fellow  Paramedic/Allied Health  Student

Tickets for Awards Dinner (€ 100.00) \_\_\_\_\_(person) Soccer Game (No Charge) \_\_\_\_\_(person)  
 \* The status of Fellows / Paramedics / Allied Health / Technicians / Students must be proven by the chief of department or executive office.

**PAYMENT:** Full payment is required in EURO or USD (specific payment only) by one of these methods.

**Credit Card** (I authorized Congress Coordinating Agency – INC Tourism Organization Ltd. to charge my credit card)  
 Please complete your credit card details for the payment of the registration fee, hotel accommodation and airport transportation:

Credit Card:  Visa  MasterCard  American Express

Card number

Expiry date   /     CCV

Cardholder Name (as it appears on card) \_\_\_\_\_

**Bank Transfer in EURO or USD**  
**Account Name:** INC Tur. – ISRBP 2012 **Bank Name:** HSBC **SWIFT Code:** HSBCTRIXXX  
**IBAN Number:** TR360012300062106163984101 (USD/\$)  
**IBAN Number:** TR250012300062106163984299 (EURO/€)

\*\*When using bank transfer as the method of payment, please send the remittance receipt to our Congress Coordinating Agency – INC Tourism Organization at + 90 312 436 83 29 for reference. All charges on bank transfer will be borne by the sender.

Before Status	EARLY 15 August 2012	LATE 10 September 2012	ON-SITE 21 September 2012
MEMBER	450,00 €	500,00 €	550,00 €
NON-MEMBER	500,00 €	600,00 €	650,00 €
FELLOW*	400,00 €	450,00 €	450,00 €
ALLIED HEALTH /STUDENT*	225,00 €	225,00 €	225,00 €

1. %18 VAT will be added to these prices
2. It is necessary to register for the soccer game.
3. All cancellation of Congress Registration received on or before 15 August 2012 will incur a cancellation fee of %30. No refund will be made for cancellations on or after 16 August 2012.
4. Information provided on the form will be used only for the purposes of processing the registration; reservation and communicating with the participant on matters relating to the congress and/or related event and such usage will conform to the Personal Data (Privacy)

Ordinance.

5. All cancellations or alterations must be made in writing and will be acknowledged by fax or email. Notification of cancellation or alterations should be sent to our Congress Coordinating Agency - INC Tourism Organization Ltd, Golgeli Sokak No: 18/2, G.O.P., Cankaya, 06700, Ankara – TURKEY Email: [info@isrbp2012.com](mailto:info@isrbp2012.com) , Fax: + 90 312 436 83 29
6. For more information and inquiries please visit [www.isrbp2012.org](http://www.isrbp2012.org) , [www.incorganizasyon.com](http://www.incorganizasyon.com) .

**I have read and agreed to the important notes set out on this form.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Accommodation Form

September 20-22, 2012 Istanbul, TURKEY

## PERSONAL DETAILS

<i>Last Name:</i>		<i>First Name:</i>	
<i>Institution/Organization:</i>			
<i>Address:</i>			
<i>City:</i>		<i>Country:</i>	
<i>Phone No:</i>		<i>Fax:</i>	
<i>E-mail:</i>			

## ACCOMMODATION (Please select one hotel and check single or double room)

Hotels	Distance	Double Room	Single Room
Grand Cevahir Hotel	Congress Venue	<input type="checkbox"/> 235,00 Euros	<input type="checkbox"/> 200,00 Euros
Ramada Plaza Hotel	3 km	<input type="checkbox"/> 230,00 Euros	<input type="checkbox"/> 210,00 Euros
Holiday Inn Hotel	1 km	<input type="checkbox"/> 200,00 Euros	<input type="checkbox"/> 180,00 Euros
Sürmeli Hotel	2,7 km	<input type="checkbox"/> 150,00 Euros	<input type="checkbox"/> 140,00 Euros
Rixos – Elysium Hotel	3 km	<input type="checkbox"/> 290,00 Euros	<input type="checkbox"/> 260,00 Euros
Çırağan Kempinski	5 km	<input type="checkbox"/> 625,00 Euros	<input type="checkbox"/> 575,00 Euros
Hilton Istanbul	3 km	<input type="checkbox"/> 315,00 Euros	<input type="checkbox"/> 305,00 Euros
The Marmara Sisli Hotel	2 km	<input type="checkbox"/> 155,00 Euros	<input type="checkbox"/> 140,00 Euros
Titanic Comfort Hotel	1,7 km	<input type="checkbox"/> 120,00 Euros	<input type="checkbox"/> 100,00 Euros

*Prices are in Euros per night (double or single room) and include breakfast and taxes (VAT)*

### PLEASE RESERVE:

..... Double Room/s .....Single Room/s

Date of arrival: ..... Date of departure: .....

Number of nights: ..... X (Price) ..... = (Total cost) .....



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## RESERVATION DETAILS:

### Cancellations and Refunds:

Cancellations will be notified to INC Tourism Organization in writing and they can cause the following costs:

- 70% of payment will be refunded before 01st of July, 2012.
- 30% of payment will be refunded before 10th of August, 2012.
- No refund will be made for the cancellation made on or after 10th of August, 2012.
- Refunds by cancellation will be made at the end of the meeting.

### Confirmations and Invoices:

- All Reservations will be confirmed once the accommodation form and payment receipt are received.
- In case of no availability at the hotel requested, INC Tourism Organization will inform you on the best option available at the moment.

## DETAILS FOR THE INVOICE:

<b>Organization:</b>		
<b>Tax Number:</b>		
<b>Address:</b>		
<b>City:</b>	<b>Zip Code:</b>	<b>Country:</b>

## WAY OF PAYMENT (Select an option):

**Bank Transfer in EURO or USD** (a copy of the bank transfer should be attached)

**Account Name:** INC Tur. – ISRBP 2012      **Bank Name:** HSBC      **SWIFT Code:** HSBCTRIXXX  
**IBAN Number:** TR360012300062106163984101 (USD/\$)  
**IBAN Number:** TR250012300062106163984299 (EURO/€)

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Please complete your credit card details for the payment of the registration fee, hotel accommodation and airport transportation:

- Visa       MasterCard       American Express

Card number     

Expiry date        /              CCV

Total Amount      \_\_\_\_\_ Euros

Cardholder Name (as it appears on card) \_\_\_\_\_

**FROMS SENT WITHOUT PAYMENT WILL NOT BE CONSIDERED**