



UMTIK 2016 REGISTRATION FORM

12-15 July/ Kervansaray Thermal Hotel – Bursa / Türkiye

Prof. Assoc. Prof. Asst. Prof Professional Student Other

*required fields

PERSONAL INFORMATION

Last Name * :

First Name * : Female Male

Association * :

Home Adress :

Work Address :

City * : Zip Code : Country * :

Phone * : Fax :

Email * :

Accompanying Person : Mr. Mrs.

REGISTRATION TYPE

* Registration Fee (Before April 1,2016) 300 €

* Registration Fee (After April 1,2016) 350 €

* Daily registration 100 €

Please select one of the preferred day

July, 12 July, 13 July, 14 July, 15

Registration fee includes attendance to all sessions, the CD-ROM Conference Proceedings, Coctail Party, Banquet, Conference Dinner, lunches and coffee break refreshments during the conference.

Daily registration is possible for 100 € per day only to the participants without a paper. It includes attendance to all sessions on the registered day, the CD-ROM Conference Proceedings, lunch and break refreshments during the day.

Accommodation (Kervansaray Thermal Hotel Izmir 5*)

Catagory	Room Costs (per day)	Catagory	Room Costs (per day)	Catagory	Room Costs (per day)
Single Room	<input type="checkbox"/> 80 €	Double Room	<input type="checkbox"/> 100 €	Club Room	<input type="checkbox"/> 135 €

The guest(s) which I want to accommodate with;

1- Name:.....Surname:.....

2- Name:.....Surname:.....

* Hotel Fees includes tax and breakfast.

<u>Check-in Date</u>	<u>Check-out Date</u>	<u># of nights</u>	<u>Total Amount :</u>
..... €

❖ Fees include all the taxes.



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Daily Excursions				
	Tour Fee (Per Person)		Tour Fee (Per Person)	

* Daily tours will be announced at UMTIK website.

PAYMENT METHOD	
Bank Transfer* Bank Name : Yapı kredi Bank, İstanbul Branch Number : 0933 Account Number : 93747477 Account Name: Originemc Tourism & Organisation IBAN Numbers : EURO : TR71 0006 7010 0000 0093 7474 77 TL : TR28 0006 7010 0000 0086 4574 40 Swift Code YAPITRISA	Credit Card* <input type="radio"/> Visa <input type="radio"/> Master Card Card Number : Exp. Date :/...../..... Security Code (CVV2) : Card Holder's Name Amount to be charged : € TL Signature
Billing Information :	
.....	
<ul style="list-style-type: none">PLEASE SEND A COPY OF THIS REGISTRATION FORM VIA FAX OR EMAIL. FAX NUMBER : +90 216 372 23 31 – EMAIL : umtik@originemc.com.tr	

- If the billing information is not filled, the bill will be invoiced according to the first name, last name and organization.