

REGISTRATION FORM

Name Surname	9:				
E-Mail	:				
Mobile Number :					
(Including Country Code)					
Registration Category : Resident Physician Exhibitor					
Department	: Ne	eurology Neurosurgery	Psychiatry	Other	
	Category	On and Before 11 April 2025	After 12 April 2025		
	Resident	150Eur	180Eur		
	Physician	250Eur	300Eur		
	Exhibitor	280Eur	330Eur		

The fees mentioned above include; access to scientif ic sessions, printed materials, 4 coffee breaks, 2 lunches with one soft drink between the dates May 16 - 17 and VAT.

• Please note that meeting registration is compulsory in order to register for the pre-meeting course.

• For Resident* type of registration, it is compulsory to state a proof of residency.

CANCELLATION POLICY

On and before March 05, 2025 Between March 26, 2025 On and after March 27, 2025 Full refund excluding the bank expenses 50% of registration fee excluding the bank expenses No refund

BANK INFORMATION REQUIRED FOR PAYMENT OF REGISTRATION FEES

Account Name Bank Name	: PRIME Kongre Yonetimi ve Turizm : T. Is Bankasi : Sugalian
Branch Name Bank Address Branch Cada	: Suadiye : Suadiye Mahallesi, Bagdat Cad. No: 417A, 34740 Kadikoy / Istanbul - Turkey
Branch Code	: 1176
Swift Code	: ISBKTRIS
Account No	: 0698745 (Euro)
IBAN No	: TR84 0006 4000 0021 1760 6987 45 (Euro)

We kindly ask you to fill out the registration form and forward it to Prime Congress Management and Tourism using the contact information below.

CONGRESS MANAGEMENT AND TOURISM

PRIME Kongre Yönetimi ve Turizm Ltd. Şti.

Op. Cemil Topuzlu Cad. TİBAŞ Dalyan Konutları, F Blok K.4 D.8 Fenerbahçe/Kadıköy, 34726 İstanbul – Türkiye **Tel:** +90 216 357 23 23 • **Faks:** +90 216 357 23 33 • **E-posta:** yafes.gunter@primeqm.com • mice@primeqm.com