

ACCOMMODATION FORM

Surname : Name :
Title : Mr: ☐ Ms: ☐
Institution / Company : Department :
Adress :
City : Postal Code : Country :
Tel : Fax : E-mail :

HOTELS	ACCOMMODATION	
	SINGLE ROOM	PER PERSON in DOUBLE ROOM
Wyndham Grand Levent (2 night)	420 EUR + TAX + VAT = 470.- EUR <input type="checkbox"/>	240 EUR + TAX + VAT = 270.- EUR <input type="checkbox"/>
Wyndham Grand Levent (3 night)	630 EUR + TAX + VAT = 705.- EUR <input type="checkbox"/>	360 EUR + TAX + VAT = 405.- EUR <input type="checkbox"/>

2% accommodation tax and 10% VAT will be added to the above accommodation rates.

*The room rates mentioned above include 2 nights bed + breakfast accommodation. (29 May check in - 31 May check out).

*The room rates mentioned above include 3 nights bed + breakfast accommodation. (28 May check in - 31 May check out OR 29 May check in - 1 June check out).

*Figur Congress Organizations reserves the right to reflect the possible changes in the amounts of taxes, duties, and taxes on the prices.

Accommodation fees must be deposited to the Congress account number and the accommodation form and proof of payment must be sent by e-mail to **ison@figur.net**

BANK ACCOUNT DETAILS

Account Name Figür Kongre Organizasyonları ve Tic. A.Ş.
IBAN Number (TL) TR09 0006 7010 0000 0026 0811 02 Branch Name and Code Yapı Kredi Bankası / Perpa (744)
IBAN Number (EUR) TR63 0006 7010 0000 0026 0818 76 Swift Code YAPITRISXXX

TOTAL :

CREDIT CARD : ☐ VISA ☐ MASTERCARD CARD NUMBER :

VALIDITY UNTIL: ____/____/____ (Month / Year) CVC2 :

I hereby authorize **FIGUR Congress & Organization** to charge the above mentioned amount from my credit card. I fully accept the stated booking/ alteration / cancellation conditions.

SURNAME

NAME

SIGNATURE

*Please also include a double sided photocopy of your credit card to this form.

If the invoice will be issued on behalf of the company;

Company Name:
Invoice Address:
Phone Number: Tax Office: Tax Identification Number:

If the invoice will be issued on behalf of the individual;

Name-Surname:
ID Number:
Province/ Country: Phone Number:

Please quote delegate name as areference on any remittance.

Delegates requiring invoices should provide a purchase order number and invoice department address if this is different from the address for correspondence on the registration form.