

REGISTRATION FORM

Name Surname	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age
Passport No			
Title	Branch		
Working at			
Adress			
Phone	Fax	E-mail	
Accompanied Person	Adult <input type="checkbox"/>	Child <input type="checkbox"/>	Name Surname Age

CONGRESS REGISTRATION FEES

	Before 05th February 2009	After 05th February 2009	On 25th March 2009 and after
Specialist	<input type="checkbox"/> 150 TL	<input type="checkbox"/> 200 TL	<input type="checkbox"/> 250 TL
Asistant /Nurse	<input type="checkbox"/> 100 TL	<input type="checkbox"/> 150 TL	<input type="checkbox"/> 200 TL
Accompanied person / Other	<input type="checkbox"/> 100 TL	<input type="checkbox"/> 150 TL	<input type="checkbox"/> 200 TL

Congress Registration fees must be sent to account of Society of Disinfection Antisepsis Sterilization. Please note that the bank swift copy must be sent to the congress organizations secretariat with the registration form.

DAS Society Congress 2009 Account (TL)

Vakıflar Bankası Samsun Ondokuz Mayıs Üniversitesi Özel İşlem Merkezi
TL : 0015 8007 2867 01719
IBAN No: TR 3300 0150 0158 0072 8670 1719

Payment Method

Bank Transfer ☐

In order to have a certain registration, your registration must be confirmed by congress organizations secretariat.

This section will be filled by the congress organization secretary.	
Name:.....	Confirmed <input type="checkbox"/> Not confirmed <input type="checkbox"/>
Surname:.....	Signature:.....



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