



3rd Annual Meeting of the ISON Neuropelveology

May 30-31
2025
ACIBADEM MASLAK
HOSPITAL

REGISTRATION FORM

Surname : Name :
Title : Mr: Ms:
Institution / Company : Department :
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REGISTRATION	FEE
SPECIALIST	350 EUR + VAT = 420.- EUR <input type="checkbox"/>
ASSISTANT	300 EUR + VAT = 360.- EUR <input type="checkbox"/>
COMPANY REPRESENTATIVES	350 EUR + VAT = 420.- EUR <input type="checkbox"/>

**20% VAT will be added to the registration fees.
Bank deductions are not included the total fee**

*Speakers, specialist, assistants, and company representatives are required to register to attend the congress general areas and scientific meetings. Registration fee includes participation in scientific activities, name badge, pocket program, certificate of attendance, and congress bag.

*Registration is confirmed once full payment is received. For the confirmation of your registration, please send your receipt to the organization secretariat via e-mail after making your payment.

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

BANK ACCOUNT DETAILS

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

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

Please quote delegate name as a reference 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.



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