

**27<sup>TH</sup> ANNUAL SCIENTIFIC CONGRESS of TURKISH NEUROSURGICAL SOCIETY**  
**9<sup>TH</sup> NEUROSURGICAL NURSING CONGRESS**  
**9<sup>TH</sup> NEUROSURGICAL ASSISTANT MEETING**  
**MARITIM CONVENTION CENTER, BELEK – ANTALYA**  
**APRIL 12-16, 2013**

Institution / Company Name : .....  
Address : .....  
Tax Office : .....  
Tax No : .....

**Registration with accommodation** : .....Euro

**Registration without accommodation** : .....Euro

**Total** : .....Euro

**Bank Details:**

**Bank Name** : Is Bank **Branch Name** : Suadiye **Branch Code** : 1176

**Account Name** : PRIME Conference Management and Tourism Ltd.

**Swift Code** : ISBKTRISXXX

**Account No** : 0698745 **Euro Account**

**IBAN No** : TR84 0006 4000 0021 1760 6987 45

**Payment** : Bank Transfer  / Credit Card  (Visa  Master Card )

**MAIL ORDER FORM**

**CARDHOLDER'S NAME / SURNAME** :

**CARD NO** :

**EXPIRE DATE** :

**SAFFETY (CVC)** :

**SIGNATURE** :

**I authorize PRIME Conference Management and Tourism Ltd. to withdraw the required amount mentioned above.**



**PRIME Conference Management and Tourism Ltd.**

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