

**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 : .....

**One way transfer fee (Airport - Congress Hotel) :** 30.-Euro (VAT is included)

**Round trip transfer fee (Airport - Congress Hotel - Airport) :** 60.-Euro (VAT is included)

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

**TRANSFER DETAILS**

**ARRIVAL FLIGHT DETAILS**

**ARRIVAL CITY NAME :**  
**AIRLINE COMPANY :**  
**FLIGHT CODE :**  
**DATE :**  
**DEPARTURE TIME :**  
**LANDING TIME :**

**DEPARTURE FLIGHT DETAILS**

**DEPARTURE CITY NAME :** ANTALYA  
**AIRLINE COMPANY :**  
**FLIGHT CODE :**  
**DATE :**  
**DEPARTURE TIME :**

**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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