

TURKISH NEUROSURGICAL SOCIETY 29th Annual Scientific Congress

11th Neurosurgical Nursing Congress

11th Neurosurgical Assistant Meeting

April 17-21, 2015 Kaya Palazzo Convention Center Belek-Antalya, Turkey

REGISTRATION AND ACCOMODATION FORM INFORMATIONS

TITLE	:			
NAME - SURNAME	:			
PHONE / MOBILE PHONE	:			
NATIONALITY	:			
ID / PASSPORT NO	:			
E MAIL	:			
INSTITUTION / HOSPITAL	:			
BRANCH/ DEPARTMANT	:			
COUNTRY / CITY	:			
ROOM TYPE	SINGLE	DOU	BLE	
REGISTRATION TYPE	Specialist (TNS Member) Assistant & Nurse Accompanying person Daily Participant	Com Com	ialist (Non Member) pany Representative pany Representative accommodating	es
TRANSFER REQUEST	: YES		NO	
If yes, plea	se fulfill the following	information	accordingly.	
NAME - SURNAME	:			
ARRIVAL DATE	:/ / 2015			
ARRIVAL TIME	:/			
AIRLINE NAME	·			
FLIGHT NUMBER	:			
DEPARTURE DATE	: / / 2015			
DEPARTURE TIME	:/			
AIRLINE NAME	:			
FLIGHT NUMBER	:			

** Airport transfer service is only valid for the transfers arriving on April 17, 2014 Friday and departure on April 21, 2014 Tuesday. The return group transfer fee is 50 Euro and excludes VAT. Please contact with Contrust Congress Organization for private and the transfers for different days.

** Please return the fulfilled form to kayit@con-trust.org



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ACCOMPANYING PERSON or SECOND PARTICIPANT INFORMATION

** It is necessary to fill the following f	orm for the second person wh	no will be staying in the same room.	
TITLE	:		
NAME - SURNAME	:		
PHONE / MOBILE PHONE	<u>:</u>	J	
NATIONALITY	:		
ID / PASSPORT NO	:		
E MAIL	:		
INSTITUTION / HOSPITAL	:		
BRANCH/ DEPARTMANT	:		
COUNTRY / CITY	:		
ROOM TYPE	SINGLE	DOUBLE	
	1		
REGISTRATION TYPE —	Specialist (TNS Member)	Specialist (Non Member)	
	Assistant & Nurse	Company Representatives	
	Accompanying person	Company Representatives Non-Exhibite	or
_	Daily Participant	Non-accommodating	
TRANSFER REQUEST	: YES		
If yes, plea	se fulfill the following	information accordingly.	
NAME - SURNAME	:		
ARRIVAL DATE	://2015		
ARRIVAL TIME	:/		
AIRLINE NAME	•		
FLIGHT NUMBER	<u>:</u>		
DEPARTURE DATE	://2015		
DEPARTURE TIME	:/		
AIRLINE NAME	<u>:</u>		
FLIGHT NUMBER			

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REGISTRATION PACKAGE FEES

KAYA PALAZZO GOLF RESORT	Early registration deadline January 16 2015		Late registration will be valid after January 16 2015	
& Hotel Riu Kaya Belek	Single Room	Per Person in Double Room	Single Room	Per Person in Double Room
Specialist (TNS - EANS – WFNS Member)	-680 Euro	500 Euro	730 Euro	550 Euro
Specialist (Non Member)	730 Euro	600 Euro	780 Euro	650 Euro
Assistant & Nurse	680 Euro	500 Euro	730 Euro	550 Euro
Accompanying person supplement*	450 Euro			
Company Representatives	680 Euro	500 Euro	730 Euro	550 Euro
Company Representatives Non- Exhibitor	3.000 Euro	1.500 Euro	3.500 Euro	2.000 Euro

The registration packages include;

4 nights accommodation** in all inclusive basis,

All local and imported drinks specified in hotel concept between 09.00 - 24.00 (24 hours from lobby bar) Drinks and snacks in minibar,

4 open buffet lunches and 3 dinners indicated in the program,

2 times A'la carterestaurant reservation possibility,

Continuous refreshments and coffee breaks at convention center,

Aspendos and Perge excursion for accompanying persons,

Admission to all scientific sessions and activities,

Entry to all scientific and commercial exhibition areas

Congress documents; Bag, program and abstract book, name badge, participation certificate,

Welcome cocktail, fireworks show and congress dinner,

VAT will be added to registration fees.

- * Accompanying person registration fee only includes 4 nights accommodation at congress hotels and social activities.
- ** Congress venue is located between Kaya Palazzo Golf Resort and Hotel Riu Kaya Belek in the same garden and all facilities are in walking distance. Hotel accommodation is subject to availability and will be allocated on a first come, first served basis.
- *** Airport transfer service is only valid for the transfers arriving on April 17, 2014 Friday and departure on April 21, 2014 Tuesday. The return transfer fee is 50 Euro and excludes VAT. Please contact with Contrust Congress Organization for private and the transfers for different days.

The bookings will be made on the basis of first come, first served at Kaya Palazzo Golf Resort and Hotel Riu Kaya Belek according to the application and payment date. The sponsor company group reservations will be distributed to Kaya Palazzo Golf Resort and Hotel Riu Kaya Belek according to their support amount.



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11th Neurosurgical Assistant Meeting

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Registration Type	Early registration deadline January 16 2015	Late registration will be valid after January 16 2015
Specialist (TNS – EANS – WFNS Member)	- 325 Euro -	350 Euro
Specialist (Non Member)	- 350 Euro-	375 Euro
Accompanying Person	- 325 Euro -	350 Euro
Assistant / Nurse / Company Representatives	-310 Euro-	325 Euro
Company Representatives Non-Exhibitor	3.000 Euro	3.500 Euro

The registration (non-accommodating) fees include;

- •Entry to congress venue,
- •All local and imported **drinks** specified in hotel concept between 09.00 24.00
- •4 open buffet **lunches** indicated in the program
- •Continuous refreshments and coffee breaks at convention center,
- Admission to all scientific sessions and activities,
- Entry to all scientific and commercial exhibition areas
- Congress documents; Bag, program and abstract book, name badge, participation certificate,
- •Welcome cocktail, fireworks show and congress dinner,
- •VAT will be added to registration (non-accommodating) fees.
- Daily registration will not be accepted.

All registration application should be made in written to **Contrust Congress Organization Kongre Organizasyon**.

The payments should be paid to the bank account stated below. Please contact with Contrust Congress

Organization for credit card payments.

Registration and Accommodation Executive

Emel Tasci (Ms.)

Telephone +90 216 456 10 62 (pbx)

+90 216 456 42 82 Fax

e-mail emeltascit@con-trust.org

Bank Account Details

Account name: Contrust Kongre Tur. Org. Ltd. Sti.

Bank name: Denizbank Branch code: 2530 Swift Code: **DENITRIS**

TL IBAN: TR81 0013 4000 0110 7545 8000 05 **EUR IBAN:** TR54 0013 4000 0110 7545 8000 06