



2nd INTERNATIONAL 3rd NATIONAL CONGRESS OF POSTPARTUM CARE

3 - 6 OCTOBER 2019
Bayır Diamond Hotel & Convention Center / KONYA - TURKEY

Healthy Mother & Father & Baby : HEALTHY FAMILY

ACCOMMODATION FORM

Name Surname : Title :

TC Identification Number :

Institution :

Mailing Address :

Telephone : Fax : E-mail :

Accompanying Person:

Name Surname : Age :

CONGRESS ACCOMMODATION PACKAGE FEES FOR 2 NIGHTS

HOTEL	BEFORE 23 th AUGUST, 2019		AFTER 23 th AUGUST, 2019	
	Single Room Package Fee	Double Room Fee Per Person	Single Room Package Fee	Double Room Fee Per Person
Bayır Diamond Otel	<input type="checkbox"/> 1.025 TL	<input type="checkbox"/> 945 TL	<input type="checkbox"/> 1.125 TL	<input type="checkbox"/> 1.045 TL

Above-mentioned fees include; Accommodation in "FULL PENSION" concept for 2 days. Coffee Breaks. Hotel check-in date is 3rd of October 2019, check-out date is 5th of October 2019 and accommodation is for 2 nights. Congress registration fees. VAT is included to hotel fees

CONGRESS ACCOMMODATION PACKAGE FEES FOR 3 NIGHTS

HOTEL	BEFORE 23 th AUGUST, 2019		AFTER 23 th AUGUST, 2019	
	Single Room Package Fee	Double Room Fee Per Person	Single Room Package Fee	Double Room Fee Per Person
Bayır Diamond Otel	<input type="checkbox"/> 1.350 TL	<input type="checkbox"/> 1.200 TL	<input type="checkbox"/> 1.450 TL	<input type="checkbox"/> 1.300 TL

Above-mentioned fees include; Accommodation in "FULL PENSION" concept for 3 days. Coffee Breaks. Hotel check-in date is 3rd of October 2019, check-out date is 5th of October 2019 and accommodation is for 2 nights. Congress registration fees. VAT is included to hotel fees

PAYMENT FOR ACCOMMODATION

Payments of the accommodation fees will be done via the bank account of Consensus Congress & Organisation Services, you will be informed of the bank account details during budgeting phase.

Congress Registration Fee:	Participant x	-TL =
Type of Payment:	By Bank Payment <input type="checkbox"/>	Credit Card <input type="checkbox"/>
Credit Card Information:	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>
Card No:	CVC: _____	Valid Until:
Name Surname:	Signature:	

BANK ACCOUNT INFORMATION

BANK NAME : VAKIFBANK
BRANCH NAME : GAYRETTEPE / İSTANBUL
BRANCH CODE : S00589
ACCOUNT NO : 00158007308235063
IBAN NO : TR91 0001 5001 5800 7308 2350 63

CONSENSUS CONGRESS & ORGANISATION SERVICES

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