



# 2<sup>nd</sup> INTERNATIONAL 3<sup>rd</sup> NATIONAL CONGRESS OF POSTPARTUM CARE

3 - 6 OCTOBER 2019

Bayır Diamond Hotel & Convention Center / KONYA - TURKEY

Healthy Mother & Father & Baby : HEALTHY FAMILY

## PARTICIPATION FEE WITHOUT ACCOMMODATION

Name Surname : ..... Title : .....

TC Identification Number : .....

Institution : .....

Mailing Address : .....

Telephone : ..... Fax : ..... E-mail : .....

Accompanying Person:

Name Surname : ..... Age : .....

### THE EXTERNAL PARTICIPATION FEE FOR THE PARTICIPANTS OF 2<sup>ND</sup> NATIONAL AND 3<sup>RD</sup> NATIONAL POSTPARTUM CARE CONGRESS WHO DO NOT ACCOMMODATE;

#### Participation Fee Without Accommodation

	Before 23 <sup>th</sup> August, 2019	After 23 <sup>th</sup> August, 2019
Physician, Nurse, Midwife, Faculty Member, Instructor	<input type="checkbox"/> 109 Euro	<input type="checkbox"/> 125 Euro
Student	<input type="checkbox"/> 75 Euro	<input type="checkbox"/> 92 Euro

#### COURSES / 3 OCTOBER 2019, THURSDAY

Course 1: Hypno-breastfeeding	<input type="checkbox"/> 25 Euro
Course 2: Sexual Health Course for Healthcare Professionals	<input type="checkbox"/> 25 Euro
Course 3: Experimental Research Design	<input type="checkbox"/> 25 Euro

NOTE: Course 1-2 Number of Participants: 20, Course 3 Number of Participants: 30  
Courses will be cancelled if minimum participant number cannot be reached. For the cancelled courses, the registration fees will be returned.

Prices above include; Open buffet lunch in congress hotel. Beverages during lunch. Coffee breaks.

Registration fees are included. VAT is included

#### PAYMENT FOR EXTERNAL PARTICIPATION

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

<b>Participation Fee Without Accommodation :</b> .....	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** : VAKI1FBANK  
**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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