

WICH 2017
(6th World Intracranial Hemorrhage Conference)
1-3 May, 2017, Baltimore, USA

*Please complete and return this form to the Congress Secretariat
 Kenes Turkey, by e-mail to ecarkci@kenes.com or by fax to +902122999977*

REGISTRATION & HOTEL RESERVATION FORM

Surname _____ Name _____ Title _____

Mailing address _____

Postal code _____ City _____ Country _____

Phone () _____ Mobile Phone _____
 Office hours/Country and City Code

E-mail _____ @ _____

If you wish to have a different address to appear on your receipt please indicate:

Company name _____

Address _____

1. REGISTRATION

Registration Categories	Regular February 15-April 30, 2017	Onsite May, 1-3, 2017
Regular	<input type="checkbox"/> \$ 600	<input type="checkbox"/> \$ 700
Student	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 250

Registration fee for Regular and Student includes: Name Badge, Certificate of Attendance, Entrance to scientific sessions and exhibition area, lunches and coffee breaks

WORKSHOP

Workshops	Date	Fee
ICH Health Equity Mini-Symposium	May 3	<input type="checkbox"/> FREE*
Neurosurgical Technical Workshops	May 3	<input type="checkbox"/> FREE*

*Workshops are free only for conference participants.

Cancellation of Registration:

Once validated with payment or invoice, registrations are subject to the following conditions:

Cancellations received up and including March 17, 2017 full refund less \$20 handling fee.

Cancellations received from March 18 - April 3, 2017 50% will be refunded.

After April 3, 2017 no refund will be made.

Notification of changes in reservation and/or cancellations must be done in writing to the Congress Secretariat, Kenes Turkey, Mr. Emre Carkci ecarkci@kenes.com.

Remarks:

- All prices are inclusive of VAT and taxes.
- A confirmation letter will be mailed within one week of receipt of the total registration fee.

Subtotal \$ _____

2. HOTEL RESERVATION

Hotel Name	Single Room	Double Room
Radisson Cross Keys Hotel	<input type="checkbox"/> \$ 145	<input type="checkbox"/> \$ 165
Check-in Date: / 2017 / Check-out Date: / 2017		
Special Request:		
Sharing With: Name..... Surname.....		
..... Nights x \$ = Subtotal \$ _____		

Booking Terms & Conditions

Hotel rates are given for 1 night, on room only basis, inclusive of all applicable taxes, breakfast and WI-FI. Any changes in the tax ratio will be reflected to the rates.

Your hotel reservation confirmation letter will be sent after we received the total amount by bank transfer or credit card.

Please note the check-in time is starting from 15:00 and the latest check-out time is 12:00.

We are offering the rates for the nights April 30 – May 1-2-3, 2017. Should you need to book any additional nights other than the dates indicated, please contact Mrs. Pinar Cobanoglu (pcobanoglu@kenes.com).

Cancellation of Hotel Reservation

- Any cancellation made on/after April 14, 2017 or early departure or no show is subject to FULL CANCELLATION CHARGE based on FULL LENGTH OF STAY as per original room reservation request.

- Cancellations must be made in writing to Congress Secretariat, Mrs. Pinar Cobanoglu (pcobanoglu@kenes.com).

PAYMENT:**TOTAL AMOUNT \$ _____**

Bank Transfer (A bank draft, in proof of your money transfer, should be sent with the registration forms)

Account Name: Kenes Uluslararası Kongre Turizmi ve Tic. Ltd. Şti.

Bank Name: TÜRKİYE GARANTİ BANKASI A.Ş.

Branch: Topkapı Sanayi/286

SWIFT Code: TGBATRIS XXX

IBAN (BIC) USD: TR04 0006 2000 2860 0009 0834 63

Account Number: 9083463

Address of the Bank: Maltepe Mahallesi Davutpaşa Caddesi No: 141 Zeytinburnu 34020 ISTANBUL/TURKEY

Credit Cards (Only Visa, Eurocard / Mastercard) Visa Eurocard / Mastercard

Credit Card No. ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____

Expiry date ____/____/ Month ____/____/ Year

Security Code ____/____/____

Please indicate the last digit security code on the back of your credit card.

Having signed below, I herewith confirm that I have read and that I am fully aware of the cancellation policy stipulated. I Hereby authorize Congress Secretariat, Kenes Turkey to debit this credit card account for the Total Amount due USD

Date _____ Name /Surname (as it appears on your card) _____

Signature _____