

REGISTRATION AND ROOM RESERVATION

Family Name: _____ Other Names: _____

Affiliation and Address: _____

Tel: _____ Fax: _____ E-Mail: _____

Accompanied by Spouse and _____ children aged _____

Room Request in Dedeman: _____ nights from: ____ / ____ / 2003 to: ____ / ____ / 2003

- Single Rm Double Rm Triple Rm
 Shared by family Shared by another participant(s)

Full name of the other participant(s) if you have a preference: _____

Date: _____

Registration fee	\$ _____		<input type="checkbox"/> I enclose a bank check payable to Faruk Arinc; or
Accommodation (____ nights x US\$ _____ =)	\$ _____		<input type="checkbox"/> I enclose a copy of the bank transfer document; or
Total	\$ _____		<input type="checkbox"/> Please charge my credit card for the above total amount

CREDIT CARD PAYMENT

Please charge _____ US Dollars to my Visa MasterCard Eurocard

Card Number: _____

Expiry Date : _____

Signature : _____ Date: _____

Name as shown on Credit Card: _____

TRAVEL SCHEDULE

Family Name: _____ Other Names: _____

I request transportation

- | | |
|--|--|
| <input type="checkbox"/> From Antalya Airport to Dedeman | <input type="checkbox"/> From Dedeman to Antalya Airport |
| Arrival Date : _____ | Departure Date : _____ |
| Arrival Time : _____ | Departure Time : _____ |
| Flight No : _____ | Flight No : _____ |
| From : _____
(last point of departure) | To: _____
(first destination) |

Number in party : _____

Name(s) of accompanying person(s) : _____

(This form is to be filled out and sent to ICHMT Secretariat by fax (+90-312-210 1331), email <arinc@ichmt.org>, or snail mail.)