

REGISTRATION AND ROOM RESERVATION

Family Name: _____ Other Names: _____

Affiliation and Address: _____

Tel: _____ Fax: _____ E-Mail: _____

Request an extra copy of book of abstracts at an additional charge of US\$ 10 to be paid on site
 Accompanied by Spouse and _____ children aged _____

Room Request in Adora: _____ nights from: ____ / ____ / 2002 to: ____ / ____ / 2002

Hotel Room: Single Rm Double Rm Triple Rm

Club Room: 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

From Antalya Airport to Adora

From Adora to Antalya Airport

Arrival Date : _____

Departure Date : _____

Arrival Time : _____

Departure Time : _____

Flight No : _____

Flight No : _____

From : _____

To: _____

(last point of departure)

(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@metu.edu.tr), or snail mail.)

