REGISTRATION FORM

*Note: Please complete this form and return it with the relevant fee supporting documents by one of these E-mails:* [icbfp2017@emu.edu.tr](mailto:icbfp2017@emu.edu.tr) or [icbfp2017@gmail.com](mailto:icbfp2017@gmail.com)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| REGISTRANT INFORMATION | |  |  | |
| Last Name: | |  | **Middle Name:** | |
| First Name: | |  | **Sex:**  Female  Male | |
| Title: |  | | | |
| University/Organization: | | | | |
| Department: | | | |  |
| Address: | | | | |

|  |  |  |
| --- | --- | --- |
| Zip/Postal Code: | City: | |
| Country: | |  |
| Phone: | |  |
| Email: | |  |
|  | |  |

**Role (in the conference):**   Presenter\*  Participant  Invited Guest *\*Time allowed for oral presentations is 10 minutes and 5 minutes for discussion.*

|  |
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| SUBMISSION:  Abstract  Paper |
| Title of the Abstract/Paper: |

**REGISTRATION FEE**

*Please choose type of fee you are entitled to:*

|  |  |
| --- | --- |
| **Author** | 100 USD |
| **Co-author** | $50 USD |
| **PhD Student** | $50 USD |
| **Second paper** | $50 USD |
| **Participant** | $50 USD |

**Payment Method**  Bank Transfer1  Payment on Arrival2

1 A copy of the receipt of the bank remittance should be sent for confirmation to one of our following emails: [icbfp2017@emu.edu.tr](mailto:icbfp2017@emu.edu.tr) and/or [icbfp2017@gmail.com](mailto:icbfp2017@gmail.com)

IMPORTANT: Please write your name and ICBPF2017 for explanation on your application for payment by bank transfer.

EMU Account İnformation:

Bank: Turkiye Is Bankasi A.S.

Branch: Gazimagusa Subesi

SWIFT Code: ISBKTRISxxx

IBAN #: TR590006400000268200063932

USD Account No: 6820-63932

2Payment on Arrival:

Only in special case, Authors will be allowed to make cash payment on arrival. The following documents should be provided to the conference organizing committee before 3rd of Aril, 2017:

a) Completed Registration Form

b) Scanned Copy of Confirmed Flight Tickets

c) A Letter from Your Institution indicating the Approval of Your Participation.

**ADDITIONAL INFORMATION**

*Please choose if you would like to join:*

|  |  |
| --- | --- |
| **“GALA DINNER” on 21st of April 2017** |  |
| **“TRIP TO HISTORICAL PLACES” on 22nd of April 2017** |  |

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| --- | --- |
| *I hereby confirm that the information provided by me on my registration form is accurate.* | |
| *Name, Surname* | ***Date*** |