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 or 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 and/or 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***  |