

# Registration Form

Please print out this form and fill it in using blue or black ink and CAPITAL LETTERS. Then send us the completed registration form via e-mail to [bilgi@vyg.com.tr](mailto:bilgi@vyg.com.tr) or fax to +90 212 481 0246.



## 3 HANDS-ON COURSES IN 1 TRIP

New Trends & Cutting-Edge Techniques in Endodontics  
Anterior Direct Composites  
All Aspects of Porcelain Laminate Veneers

**\$ 1850 Fullpack Registration**

Included 5 days course / 7 nights bed&breakfast accommodation at 5-star hotel (Sharing a twin or double room with another dentist) / All materials, disposables and documents / Dental and medical devices, instruments / Coffee&tea refreshments during the course / Lunches during the course / Gala Dinner / City tour with guide

**\$ 2200 Fullpack Registration - Single Room**

Included 5 days course / 7 nights bed&breakfast accommodation in the single room at 5-star hotel / All materials, disposables and documents / Dental and medical devices, instruments / Coffee&tea refreshments during the course / Lunches during the course / Gala Dinner / City tour with guide

**\$ 850 I have an Accompanying Person**

Included 7 nights bed&breakfast accommodation at 5-star hotel (Sharing a twin or double room with the participant) / Gala Dinner / Airport-Hotel transfers / City tour with guide

Registration No \_\_\_\_\_

*As a doctor or dentist, please indicate your medical registration number in your country*

Title \_\_\_\_\_

First & Last Name \_\_\_\_\_

City / ZIP / State \_\_\_\_\_

Phone \_\_\_\_\_

*Including area code*

Email \_\_\_\_\_

*You will receive your invoice and payment receipt via this email address*

Description \_\_\_\_\_

*Please write here purpose of the payment*

Please choose your preferred payment method

**Mail Order** *Visa and MasterCard are accepted*

Card Holder's Name \_\_\_\_\_

Credit Card Number

Expiration Date       Security Code

*Month*

*Year*

*CVC2 or CVV2*

Payment Amount (USD) \_\_\_\_\_

I hereby authorize Vestiyer Akademi Ltd to charge the indicated amount to the credit card which I have provided above.

**Bank Transfer**

Receiver Name Vestiyer Akademi Ltd.

IBAN (TRY)

TR34 0006 4000 0011 1560 6003 87

Swift ISBKTRIS

IBAN (USD)

TR35 0006 4000 0021 1560 5964 84

IBAN (EUR)

TR63 0006 4000 0021 1560 5917 12

Date & Place \_\_\_\_\_

Fullname & Signature \_\_\_\_\_