Eurachem

A focus for analytical chemistry in Europe

EURACHEM 7th Workshop

Proficiency Testing in Analytical Chemistry, Microbiology and Laboratory Medicine

3-4-5-6 October, Istanbul, Turkey

Please return this form : Kenes Turkey
ATTN : Workshop 2011
Sari Asma Sokak, No:9, Yenikoy, Sariyer, 34464, Istanbul - Turkey
Phone : +90 212 299 9984 / Fax : +90 212 299 9977 / E-mail : eurachem.pt2011@kenes.com
Website : www.labkar.org.tr/EURACHEM2011

PRIVATE CITY TOURS FORM

Surname _____ Name _____ Title _____

Mailing adress _____

_____

Postal code _____ City _ _____Country_____

Phone ( )( )_____Fax ( )( )_____
Office hours/Country and City Code Country and City Code

Mobile Phone _____

E-mail _____ @ _____

If you wish to have a different address to appear on your receipt please indicate:

Company name _____

Address_____

Accompanying person

Surname _____ Name_____

1. Private City Tours	**Date**	**Time**	**Price**	**Number of Person**	**Total EURO**
Tour 01-The Magnificent Domes of Istanbul (HD)	6 October 11	13:00 – 17:00	45 EURO	_____	_____
Tour 02-Ottomania (HD)	3 October 11	13:00 – 17:00	45 EURO	_____	_____
Tour 03-Bosphorus Cruise	4 October 11	17:15 – 21:30	70 EURO	_____	_____

(Please check the website Private City Tours details)

Subtotal EURO----------

Cancellation of Private City Tours

Notification of cancellation must be sent in writing to Workshop Organizing Company. Cancellation of Private City tours will be accepted and refunded until **September 15, 2011**, up to which date the total amount will be refunded. We regret that no refunds can be made after **September 15, 2011**.
For Private Half Day City Tours a **minimum of 10 guests**, Bosphorus Cruise a **minimum 40 guests** are requried.

- **All payments should be made in EURO / All prices are inclusive of VAT taxes.**
- **Please note that we do not accept Eurocheques, company cheques or personel cheques.**
- **A confirmation letter will be mailed within one weeks of receipt of the total registration fee.**
- **Please make your wire transfer for your registration fee excluding the bank transfer charges.**

☐ **Bank Transfer**

Account name : Kenes Uluslararası Kongre Turizmi Tic.Ltd.Şti.
Bank name : **AKBANK**, Zincirlikuyu Branch (436)
Account Number : 80405
SWIFT CODE : AKBK TRIS XXX
IBAN No.(EURO) : TR40 0004 6004 3603 6000 0804 05

Total Amount Due EUR _____

☐ **Credit Cards** (Only Visa, Eurocard / Mastercard) Visa ☐ Eurocard / Mastercard ☐

Credit Card No. ____/____/____/____/ ____/____/____/____/ ____/____/____/____/ ____/____/____/____

Expiry date ____/____/ Month ____/____/ Year Security Code ____/____/____
Please indicate the last digit security code on the back of your credit card.

* **Having signed below, I herewith confirm that I have read and that I am fully aware of the cancellation policy stipulated.**
*** I Hereby authorize Workshop Organizing Company (Kenes Turkey) to debit this credit card account for the Total Amount due EURO**

Date _____ **Name /Surname (as it appears on your card)** _____

Signature _____