



25 – 28 April
2019
Hilton Hotel – Adana
Turkey

18th

International Eastern
Mediterranean Family Medicine
Congress (EMFMC2019)

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CONGRESS REGISTRATION FORM

| | | | | | |
|-----------------------------|---------------------------|-------------------------------|-----------------------------|----------------------------|------------------------------|
| Prof. <input type="radio"/> | Dr. <input type="radio"/> | Student <input type="radio"/> | Other <input type="radio"/> | Male <input type="radio"/> | Female <input type="radio"/> |
|-----------------------------|---------------------------|-------------------------------|-----------------------------|----------------------------|------------------------------|

| | |
|--------------------|--------------------|
| First Name | Last Name |
| Institution | |
| Department | Job title |
| Address | |
| City | Postal code |
| e-mail | Country |
| Phone | Fax |

Participants who pay their balance with a bank transfer are required to send the bank receipt copies to KumGroup via e-mail contact@daahk.org, confirmation will be sent accordingly. Please deposit the total fees with your name and address and send completed registration and accommodation forms together to KumGroup with bank receipt copies.

| Best Value | Regular Registration Fee | On Site Registration Fee |
|---|---|---|
| Early Bird Registration Fee | Regular Registration Fee | On Site Registration Fee |
| 325 Euro | 375 Euro | 425 Euro |
| Before 03 March 2019 | Before 01 April 2019 | After 02 April 2019 |
| <input type="checkbox"/> Access to Session Halls | <input type="checkbox"/> Access to Session Halls | <input type="checkbox"/> Access to Session Halls |
| <input type="checkbox"/> Access to Exhibition Halls | <input type="checkbox"/> Access to Exhibition Halls | <input type="checkbox"/> Access to Exhibition Halls |
| <input type="checkbox"/> Delegate Bag | <input type="checkbox"/> Delegate Bag | <input type="checkbox"/> Delegate Bag |
| <input type="checkbox"/> Final Program | <input type="checkbox"/> Final Program | <input type="checkbox"/> Final Program |
| <input type="checkbox"/> Coffee Breaks | <input type="checkbox"/> Coffee Breaks | <input type="checkbox"/> Coffee Breaks |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Lunch | <input type="checkbox"/> Lunch |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

UPON RECEIPT OF THE COMPLETED REGISTRATION FORM AND REMITTANCE OF THE APPROPRIATE FEES, DELEGATES WILL BE SENT A CONFIRMATION LETTER, WHICH SHOULD BE PRESENTED AT THE REGISTRATION DESK IN CONGRESS VENUE REGISTRATION DESK.

GROUP REGISTRATION: Special fees are offered for “group” registration (more than 15), Group registration is possible for companies, travel agencies and persons wishing to register multiple delegates for the congress. Only registrations with full address details of each delegate will be accepted. Please contact the contact@daahk.org for more information.

| | | |
|--|---|--|
| Evidence-Based Clinical Practice in Family Medicine Course - 27 April 2019 | Airport - Hotel Shuttle | Gala Dinner |
| 200 Euro | 30 Euro | 35 Euro |
| Before 03 March 2019 | one way | The gala will be held at Adana Kebap Cousine Restaurant |
| <input type="checkbox"/> Access to Session Halls <input type="checkbox"/> Access to Exhibition Halls <input type="checkbox"/> Delegate Bag <input type="checkbox"/> Final Program <input type="checkbox"/> Coffee Breaks <input type="checkbox"/> Lunch | The flight information/itinerary should be emailed to daahk@kumgroup.net (name of the airport, arrival time, flight number) 72 hrs. before your flight. | Date : 26 April 2019, Friday Time : 20:00 - 23:00 Please contact to daahk@kumgroup.net for the free transfers from hotel to restaurant |
| ○ | ○ | ○ |

Means of Payment:

All payment must be clearly marked with the delegate’s INVOICE number and name and send to the daahk@kumgroup.net

All payment should be made in € (EURO) payable to KumGrup Kongre Toplantı Organizasyon Ltd. Sti. by bank or credit card. Remittances should be free of bank charges to the receiver.

Bank details :

Account Name: Kumgrup Kongre Toplantı Org.Tic.Ltd.Sti.
Bank Name: Akbank Bank
SWIFT Code: AKBKTRIS
Branch Name: Toros Branch
Branch Code: 709
Euro IBAN No: TR 5200 0460 0709 0360 0018 6334

Date: _____ Signature _____

Cancellations And Refunds

The Conference Secretariat must be notified in writing by e-mail (contact@daahk.org) about the cancellation of the registration. Telephone cancellation will not be accepted. The appropriate refunds will be made after the Conference.

The following cancellation conditions apply:

Any cancellation received before 01 January 2019 will be entitled totally, 01 February 2019 to 50% refund. Cancellations received after that date will not be refunded. All cancellations must be made by sending an e-mail to the address contact@daahk.org , for all notifications of cancellation, please make a reference to a bank account, including Swift code, where a possible refund may be remitted fewer bank charges. In the event that a cancellation of a booking is requested, the refund fee will be charged according to the following schedule. All refunds should be made in writing by e-mail (contact@daahk.org) to the congress secretariat. If a change or cancellation made by a participant in registration or accommodation results in a refund, KumGroup reserves the right to charge a 30 EUR handling fee.

No-shows will not qualify for a refund.

The organizer reserve the right “in extreme circumstances” to change the time and meeting venue and dates.

All refunds will be made after the Congress.