

**REGISTRATION FORM**

**REGISTRATION DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **:** |  |  |
| **Name** | **:** |  |  |
| **Surname** | **:** |  |  |
| **Institution/Organization** | **:** |  |  |
| **Department** | **:** |  |  |
| **Address** | **:** |  |  |
| **City** | **:** |  |  |
| **Country** | **:** |  |  |
| **Phone (optional)** | **:** |  |  |
| **e-mail** | **:** |  |  |

**ACCOMPANYING PERSONS (if any)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Title** | **Name** | **Family Name** |
| **1.** |  |  |  |
| **2.** |  |  |  |

**ABSTRACT SUBMISSION**

Did you submit an abstract(s)?  YES  NO

If YES, please write the title(s) and all authors below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | **Title** | **:** |  | Oral |
| **Author(s)** | **:** |  | Poster |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2.** | **Title** | **:** |  | Oral |
| **Author(s)** | **:** |  | Poster |

**Note:** Participants can only submit 2 presentations.

**PAYMENT DETAILS**

Registration fees should be transferred to the bank account using the information below. The receipt description must be filled in "AACD2023 Name Surname" format and a copy of the receipt must be sent by email to **2023aacd@gmail.com** after transaction.

|  |  |  |
| --- | --- | --- |
| **Bank** | **:** | Türkiye İş Bankası |
| **Account Number** | **:** | 1377-0026674 (Euro) |
| **IBAN** | **:** | TR09 0006 4000 0021 3770 0266 74 (Euro) |
| **SWIFT Code** | **:** | ISBKTRISXXX |
| **Description** | **:** | AACD2023 followed by name of the participant |

If you need an invoice please provide the required information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of invoice** | **:** | Personal ( ) | Institutional ( ) |
| **Citizenship/Passport Number** | **:** |  | |
| **Institution/Organization** | **:** |  | |
| **Invoice Address** | **:** |  | |
| **Tax Number** | **:** |  | |
| **Tax Administration** | **:** |  | |

Name-Surname Date: