## 7TH DESIGN CONFERENCE

11-13 APRIL 2007







## REGISTRATION FORM

ALL FIELDS WITH AN ASTERISK (\*) ARE REQUIRED.

| A DELEGATE DETAILS  |              |  |  |
|---|--------------|--|--|
| TITLE*: OPROF ODR OMR ONAME*: PAPER TITLE (IF ANY):   |              |  | SURNAME*:  |
|   |              |  |  |
| ORGANIZATION* :   |              |  |  |
| PUSTAL ADDRESS*.  |              |  |  |
| POSTCODE/ZIP:   | COUNTRY      |  |  |
|   |              |  | FAX:   |
| E-MAIL*:  |              |  |  |
|   |              |  |  |
|   |              |  |  |
| B CONFERENCE REGISTRA   | TION FEE     | S  |  |
| ALL PRICES ARE QUOTED IN EUROS OPENING COCTAIL AND CONFERENCE F   |              |  | FEE BREAKS, LUNCHES, GALA DINNE<br>WITH REGISTRATION.  |
| Conference Registration   |              | EARLY RATE   | LATE RATE  |
| FULLTIME REGISTRATION (ACADE FULLTIME REGISTRATION (EAD METALLIME REGISTRATION (STUDE FULLTIME REGISTRATION (STUDE) | EMBER)       | (BY FEB. 28,<br>○400 €<br>○350 €<br>○250 €<br>○150 € | 2007) (AFTER FEB. 28, 200°                             |
| *STUDENT RATES ARE AVAILABLE TO STUDENTHEY REGISTER AT THE CONFERENCE.  **STUDENT RATES WITHOUT LUNCH AND GALA      |              |  | € DITENTALS (STUDENT ID CARD COPY ETC.) WH             |
| C ACCOMODATION  |              |  |  |
|   |              |  | CONFERENCE WESITE. CONFERENCE MA                       |
| D SOCIAL ACTIVITIES   |              |  |  |
| SIGHTSEEING TOUR (PER PERSON  | 1)*          | ()35€  | NUMBER OF PERSONS:                                     |
| ARE THE SITES TO BE VISITED.  |              | CONFERENCE VENUI                                     | E. EPHESUS, VIRGIN MARY <sup>'</sup> S HOUSE AND SIRIN |
| E DIETARY REQUIREMENTS  | i            |  |  |
| PLEASE ADVISE ANY DIETARY OR OTHE   | ER SPECIAL R | EQUIREMENTS.   |  |
| ACCOMPANYING PERSON (IF ANY):   |              |  |  |

## 7<sup>TH</sup> DESIGN CONFERENCE

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ALL FIELDS WITH AN ASTERISK (\*) ARE REQUIRED.

| F PAYMENT  |
|--|
| EITHER CREDIT CARD DETAILS OR BANK TRANSFER REMITTANCE FORM SHOULD BE MADE AVAILABLE. IF YOU CHOOSE TO PAY WITH BANK TRANSFER, PLEASE FAX THE REMITTANCE FORM WITH YOUR REGISTRATION.  |
| SECTION B - REGISTRATION FEES: TOTAL€*   |
| PAYMENT METHOD*:   |
| BY BANK TRANSFER:  |
|  |
| OA PAYMENT OF€ HAS BEEN TRANSFERRED TO THE ACCOUNT OF IZMIR UNIVERSITY OF ECONOMICS.   |
| BANK: IS BANKASI A.S. IZMIR BRANCH (3399) EURO ACCOUNT NR: 2488  IBAN: TR58 0006 4000 0023 3990 0024 88 SWIFT CODE: ISBKTRIS   |
| PLEASE WRITE "IEU EAD CONFEREN <mark>CE"</mark> AND THE PA <mark>RTICIPANTS</mark> NAME ON THE REMITTANCE.   |
| BY CREDIT CARD:  |
| OPLEASE DEBIT MY CREDIT CARD FOR MY REGISTRATION FEES.  OMASTERCARD OVISA  |
| 16 DIGIT CARD NUMBER ://EXPIRY DATE (MONTH/YEAR):/   |
| FULL NAME ON CREDIT CARD:  |
| CCV NR*:(*CREDIT CARD VERIFICATION NR. THIS IS THE LAST THREE DIGITS OF THE NUMBER AT THE BACK OF YOUR CREDIT CARD.)   |
| SIGNATURE OF THE CARDHOLDER:   |
| IMPORTANT NOTE: FOR SAFETY REASONS, IT IS REQUIRED THAT THE APPLICANT'S NAME SHOULD APPEAR ON THE CREDIT CARD.  IF YOU DO NOT PERSONALLY OWN A VALID CREDIT CARD, PLEASE SEND THE PAYMENT VIA BANK TRANSFER. PAYMENTS MADE THROUGH CREDIT CARDS WITH OTHER HOLDER NAMES WILL NOT BE PROCESSED. |
| G REGISTRATION CANCELLATIONS AND REFUNDS   |
| If cancellation of your registration is necessary, plase e-mail or fax written notice to the conference comittee. Cancellation fees apply to all categories of registration.   |

BEFORE MARCH 31, 2007: THE PENALTY IS 25% OF THE REGISTRATION FEE. THE REMAINING AMOUNT WILL BE REFUNDED.

ON OR AFTER MARCH 31, 2007: THERE WILL BE NO REFUNDS FOR CANCELLATIONS AFTER THIS DATE.

PLEASE RETURN THIS FORM TO CONFERENCE SECRETARIAT VIA;

FAX : +90 232 488 83 21 OR

E-MAIL: ozlem.tombus@ieu.edu.tr (ATTACH A SCANNED COPY INCLUDING SIGNATURE.)