

# III. ANTI-AGING CONGRESS

02-05 DECEMBER 2010  
RIXOS GRAND HOTEL - ANKARA

AntiAging and Aesthetic Medicine Society  
www.antiaging.org.tr

AKADEMİ KONGRE

Tunalı Hilmi Cad. No:83/10 Çankaya - Ankara - Türkiye  
TEL: +90 312 427 11 14 FAX: +90 427 11 40

## CONGRESS REGISTRATION PAYMENT FORM

CREDIT CARD NUMBER:

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LAST VALIDATION DATE

...../ 2010

CARD CVC NO:

The Last Three Digit Number at the Back of Your Card.

CARD HOLDER NAME:

CARD TYPE:

<input type="checkbox"/>	VISA	<input type="checkbox"/>	MASTER CARD	<input type="checkbox"/>	EUROCARD
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TOTAL PAYMENT OF  
REGISTRATION

Euro

NAME OF CONGRESS

III. AntiAging Congress

DATE

02 - 05 December 2010

I, the undersigned allow AKADEMİ KONGRE. to draw the amount stated above from my credit card in response to the services for the III. AntiAging Congress. I've read and accept the terms and conditions about cancellation and alterations.

DATE: ...../...../2010

SIGNATURE:.....

This registration fee is valid for the participant:

NAME SURNAME :.....

After filling the form, print it and fax it to  
+90 312 427 11 40 By Fax

or

To [elif@akademikongre.com](mailto:elif@akademikongre.com) by e-mail or send to  
Akademi Kongre

Tunalı Hilmi Cad. No:83/10 Çankaya - Ankara – Turkey by post.

III. AntiAging Congress Secretariat

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