

REGISTRATION FORM

International Association of Operative Millers (IAOM) - Eurasia



MARRIOTT BOULEVARD HOTEL, BAKU, AZERBAIJAN
23 September – 25 September, 2024

ACCOMMODATION AND REGISTRATION ADVANTAGE PACKAGES

ACCOMODATION AND REGISTRATION PACKAGE (Marriott Boulevard Hotel)	EARLY REGISTRATION PAYMENT FEE (Until 31 July 2024)	LATE REGISTRATION PAYMENT FEE (After 31 July 2024)
SUPPLIERS/ SPONSORS	<input type="checkbox"/> 900 EURO	<input type="checkbox"/> 950 EURO
MILLERS REGISTRATION	<input type="checkbox"/> 750 EURO	<input type="checkbox"/> 800 EURO

- Registration fee includes 3 nights accommodation as 23 September check-in and 26 September check-out.

REGISTRATION -TERMS AND CONDITIONS FOR MILLERS

REGISTRATION TYPE	EARLY REGISTRATION PAYMENT FEE (Until 31 July 2024)	LATE REGISTRATION PAYMENT FEE (After 31 July 2024)
SUPPLIERS/ SPONSORS	<input type="checkbox"/> 500 EURO + VAT	<input type="checkbox"/> 550 EURO + VAT
MILLERS REGISTRATION	<input type="checkbox"/> 350 EURO + VAT	<input type="checkbox"/> 450 EURO + VAT

- Simultaneous Translation English - Russian - Turkish
- Lunch, coffee breaks and dinners •Conference Brochures
- Access to Forum papers and presentations
- No refunds after registration with payment •Registration rates are excluded 20% VAT

ACCOMMODATION	SINGLE	DOUBLE
MARRIOTT BOULEVARD OTEL	<input type="checkbox"/> 400 EURO	<input type="checkbox"/> 450 EURO

- Room rates are for 3 night as 23 September check-in and 26 September check-out.
- Before making room reservation and payment, we kindly ask you to get availability information. info@iaom-eurasia.info
- The above prices may vary depending on the available room types and number of stays in the hotels, together with the availability information.

Please send form to below address;

İçerenköy Mh. Umut Sk. Quick Tower No: 10-12 Kat:18 Kozyatağı, Ataşehir – İSTANBUL, TURKEY
Tel: +90 216 594 58 26 **E-mail:** info@iaom-eurasia.info

Name-Surname : _____
Company Name : _____
Address : _____
City/Country : _____
Phone : _____ **Fax :** _____
E-mail : _____
Invoice Address : _____

<input type="checkbox"/> BANK TRANSFER	
BANK / BRANCH	T.GARANTİ BANKASI AŞ/ ANKARA TİCARİ ŞB.
ACCOUNT NAME	SERENAS ULUSLARARASI TURİZM KONGRE ORGANİZASYON A.Ş.
SWIFT CODE	TGBATRISXXX
EURO	TR67 0006 2000 1700 0009 0914 45
TL IBAN	TR50 0006 2000 1700 0006 2906 82

<input type="checkbox"/> CREDIT CARD			
CARD TYPE	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		
CARD HOLDER's NAME			
CARD NUMBER			
EXP DATE		CVC	

I hereby authorize SERENAS Tourism (Serenas Uluslararası Turizm Kongre Org. A.S.) to have my credit card charged for the amount which has the details on the form.

DATE	
SIGNATURE	