



# WACEM<sup>23</sup>



## WORLD ACADEMIC CONGRESS OF EMERGENCY MEDICINE

October, 28 - 31 Pine Beach Belek, ANTALYA / TURKIYE

### REGISTRATION & ACCOMMODATION Workshop

Name : \_\_\_\_\_ Surname: \_\_\_\_\_

ID No \_\_\_\_\_

Company : \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Registration Type	Until 15 October, 2023	From 16 October, 2023
Member EPAT or WACEM	<input type="checkbox"/> 40 €	<input type="checkbox"/> 50 €
Non-Member EPAT or WACEM	<input type="checkbox"/> 40 €	<input type="checkbox"/> 50 €
Nurse&Assistant&PhD Student	<input type="checkbox"/> 40 €	<input type="checkbox"/> 50€

**Registration Fees Include;** Workshop documents, access to all scientific sessions and exhibition, coffee breaks, certificate of attendance, inclusive VAT of %20.

PhD students and assistants should be younger than 35 years and they need to provide a valid evidence of their status and birth certificate when registering.

Akgun Hotel	Until 15 October, 2023	From 16 October, 2023
Single Room	<input type="checkbox"/> 120 €	<input type="checkbox"/> 130 €
Double Room	<input type="checkbox"/> 150 €	<input type="checkbox"/> 170 €

**Accommodation Fees Include;** one night accommodation on bed-breakfast basis at Akgün Hotel, exclusiv eVAT of %10 and city tax.

Refunds and Cancellations: 50% of registration, accommodation and transfer fees will be refunded for cancellations made before October 15, 2023. No refunds will be made for cancellations made after this date.

#### Account Details for Registration&Accommodation

**Account Name** : KAIKİ KONGRE YÖNETİMİ VE TURİZM A.Ş.  
**Bank Name / Branch Office** : Garanti Bankası / Levent Sanayi Branch / 416  
**Account Number** : 9088987  
**IBAN** : TR49 0006 2000 4160 0009 0889 87  
**Swift Code** : TGBATRISXXX

<b>Congress Registration Fee</b> .....		<b>Total Fee:</b> .....	
Payment Type	With Bank Transfer <input type="checkbox"/>	Credit Card <input type="checkbox"/>	
Credit Card Details	With Credit Card <input type="checkbox"/>	Master Card <input type="checkbox"/>	
Credit Card Number	CV2 Number _____	Expiry Date _____/ _____	
Name Surname	Signature		



#### K2 KONGRE VE ETKİNLİK HİZMETLERİ

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