



ERA  
Organization

ERA GLOBAL ORGANIZATION TOURISM CONSULTANCY HEALTH AND EDUCATION SERVICES TRADE LTD  
ERA GLOBAL ORGANİZASYON TURİZM DANIŞMANLIK SAĞLIK VE EĞİTİM HİZMETLERİ TİCARET LTD ŞTİ



ERA  
Organization

Please send us your "Registration Form" together with a copy of the bank receipt via by e-mail to  
[info@eraorganization.org](mailto:info@eraorganization.org)

### PERSONEL DETAILS

Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Title: \_\_\_\_\_  
Institution/Department: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
National ID Nr.(for Turkey): \_\_\_\_\_ Billing Address: \_\_\_\_\_  
Tax Office (for Turkey): \_\_\_\_\_ Tax Nr (for Turkey): \_\_\_\_\_  
E-mail: \_\_\_\_\_

### REGISTRATION FEES

#### REGISTRATION CATEGORY Course

☐ 250.00 €

#### Course + Accommodation (1 Night)

☐ 450.00 €

#### Course + Accommodation + Airport Transportation

☐ 500.00 €

\* Important Notes: VAT is not included in the above prices.

### ACCOMMODATION

\*Accommodation Request  
Check-in / Check-out Dates

..... / .....

Yes, I need accommodation

☐

I don't want accommodation

☐

\*Accommodation options will be offered upon request

### PAYMENT DETAILS

#### Bank Transfer

\*Account Holder: ERA Global Organizasyon Turizm Danışmanlık Sağlık ve Eğitim Hizmetleri Ticaret LTD. ŞTİ.

\*Bank: T.C. Ziraat Bankası

\*Branch: Ümitköy / ANKARA Code: 1671

\*EUR Account Nr: 81676399 5005 \*IBAN: TR50 0001 0016 7181 6763 99 5005

\*SWIFT Code: TCZBTR2A

#### Credit Card Payment

##### \*\*Card Type

Visa

☐

Master Card

☐

\*Card Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\*CVV Code: \_\_\_\_\_ \*Expiry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\*Total: \_\_\_\_\_ EUR

\*In writing: \_\_\_\_\_ EUR

Hereby I accept ERA to charge my credit card for the above written amount for the services I've booked.

Signature