



REGISTRATION FORM

PLEASE USE BLOCK LETTERS

PERSONAL INFORMATION

Mr. Ms.
 Family Name: _____ First Name: _____
 Company / Institution: _____
 Title: _____
 Street / P.O. Box.: _____
 City: _____ Postal / Zip Code: _____
 Country: _____
 E-mail: _____
 Phone (with country and area code): _____ Fax: _____ Mobile Phone: _____

ACCOMPANYING PERSON'S NAME (IF ANY) _____

My preferred language English French Spanish Russian Turkish

REGISTRATION FEES (USD)

Registration Type	Until 31 December, 2004	January-May 2005	From 01 June, 2005
Participant	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400
Student*	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
Accompanying Person	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300

*Students need to present their student identification card when collecting their congress documents. The registration fees are inclusive of 18 % VAT

The registration fee for participants and students will include:

- ° All plenary sessions, forums and workshops
- ° Entrance to the trade fair and exhibitions
- ° Congress kit and proceedings
- ° Opening Ceremony and Welcome Reception

The registration fee for accompanying persons will include:

- ° Opening Ceremony and Welcome Reception
- ° Entrance to the trade fair and exhibitions
- ° Closing plenary session
- ° Two half-day city tours

CANCELLATION

The following charges will be levied in the event of cancellations with notification delivered to ISEVV Consortium by **1 May, 2005**

Participants: \$150 Students: \$100 Accompanying Persons: \$100

There will be no reimbursement of registration fees for cancellations after **1 May 2005**. The full registration fee must also be paid if the participant does not attend the congress. Cancellations will only be accepted in writing.

PAYMENT

Payment should be made in USD. Please indicate which of the following means of payment you will use. Bank transfer charges must be paid by the participant.

Bank transfer

Account Title: The Chamber of Architects of Turkey
 Bank: Oyakbank
 Branch Name: Harbiye, Istanbul
 Account No: 3570246-MY-001
 Swift No: OYAKTRIS

Please note that registration fee and accommodation fee accounts are not the same. Please make sure to include the participant's name and all above details on the bank transfer form. A copy of the transaction statement should be faxed to ISEVV Consortium. **Fax number +90 212 244 7181**

Please Charge my credit card

Eurocard Mastercard Visa

Credit card number:

Expiration date: Month Year

Security Number*: * The three-digit number on the back of your credit card.

Name of card holder: _____

Address of card holder: _____

I hereby authorize The Chamber of Architects of Turkey to debit the above mentioned credit card account with the total value of the items booked by me on this form.

Signature _____ Date _____

You will be informed about developments regarding accommodation, social events and tours. This information will also be available on our web site. Please return the form to:

ISEVV Consortium, UIA 2005 Mete Cad. No: 16 D:11 34437 Taksim Istanbul TURKEY
Tel: +90 212 244 71 71 Fax: +90 212 244 71 81 e-mail:uia2005@isevv.com
PLEASE KEEP A COPY FOR YOUR OWN RECORDS!