



**11-16 JULY 2016
ISTANBUL, TURKEY**

Please return this form to:
Conmark Tourism Organization
Prof. Celal Oker sk. No: 3/6 Harbiye
34373 Sisli – Istanbul / TURKEY
Tel : +90 212 241 45 41
Fax : +90 212 241 45 42
Email : iccfd9@conmark.com.tr
Web : www.conmark.com.tr

TRANSFER REQUESTS for ATATURK AIRPORT (IST)

	Date	Flight Number	Time of Arrival/Departure	Pax	Price
1. Arrival Flight	_____	_____	_____	_____	75 USD
2. Departure Flight	_____	_____	_____	_____	75 USD
SUB TOTAL USD					<input type="text"/>

Above prices are inclusive of 18% VAT. Congress has right to vary the quoted prices in accordance with any movements in the legislated rate of VAT.

CANCELLATION POLICIES

ALL CANCELLATIONS must be sent in writing to Conmark Tourism Organization.

ACCOMMODATION CANCELLATIONS made;
Within/After June 10th 2016 : the amount of full stay will be forfeited and no refund will be available.

TRANSFER CANCELLATIONS made;
Within July 5th 2016 : the paid amount will be refunded without any penalty.
After June 6th 2016 : the total amount will be forfeited and no refund will be possible.

*** Due to the limited number of rooms at the preferred hotels, we highly recommend that you make your hotel reservation at an early stage.**
*** Room reservation requests will be confirmed on "first come first served" basis.**
*** All refunds will be processed after the Congress.**

PAYMENT TERMS

* The Registration & Accommodation Reservation Forms will only be taken into consideration if accompanied with the respective payment and accommodation details.
** Full payment of the service fees (for accommodation, amount of total stay) is required in order to make reservations. Reservation requests will not be processed if not accompanied with the respective payment.
*** All payments are to be made in USD.
**** **Please note that all transfer charges must be paid by participants.**

1. BANK TRANSFER - The bank transfer should be exclusive of any charges. Please make sure to indicate ICCFD9, participant's name and all below details on the bank transfer form. A copy of the transaction statement should be faxed with this form to Conmark at +90 212 241 45 42

IMPORTANT NOTE: Please do not forget to bring a copy of the bank transaction statement as proof of payment.

Account Owner : CONMARK TOURISM ORGANIZATION
Account Type : USD
Bank Name : GARANTI BANK A.S.
Branch Name : ELMADAG BRANCH
Branch Code : 234
Account No. : 9073490
IBAN No : TR39 0006 2000 2340 0009 0734 90

2. CREDIT CARDS Visa MasterCard/Euro Card

Name of the card holder (as it appears on your card)

Credit Card No _____ / _____ / _____

Expiry Date ____ / ____ (Month /Year) Security Code (CVC) ____ / ____ / ____ **GRAND TOTAL USD**

Please indicate the last three digit security code on the back of your credit card.

Having signed below, I herewith confirm that I have read and am fully aware of the cancellation policy stipulated. I hereby authorize Conmark to debit the above mentioned credit card account with the total value of the items booked by me on this form.

Date ____ / ____ / ____ (MM / DD / YY) Signature _____