



EXHIBITION BOOKING FORM

EXHIBITOR INFORMATION

Company _____

Contact Person _____

Exhibitors Name _____

Telephone _____

Fax _____

E-mail _____

Booth type Space Only Shell Scheme

Booth Location Congress Center Green Area

Booth area/sqm _____ sqm.

Booth No _____

Total Amount _____ .-EURO

PAYMENT

For Bank Transfer

Account Owner : CONMARK TURIZM ORG.REK.FOT.TIC.LTD.STI
Account Type : EURO
Bank Name : GARANTİ BANK A.S.
Branch Name : ELMADAG BRANCH
Branch Code : 234
Account No. : 9069734
IBAN No : TR86 0006 2000 2340 0009 0697 34

The bank transfer should be exclusive of any charges. A copy of the transaction statement should be sent to Conmark Tourism & Event Management

Fax : +90 212 241 45 42 E mail : secretariat@muglacongress.org

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



PAYMENT

For Credit Card

Card Holder's Name _____

Credit Card Type Visa Mastercard

Credit Card No _____ / _____ / _____ / _____

Expire Date ____ / ____ (Month / Year)

Security Code _____ (CVC)

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 _____

INVOICE DETAILS

An invoice for your order will be issued only after payment is received. As the invoice should be prepared to the person/institution who did the payment, please indicate the correct information requested below.

Payer's Information

Name of the person / institution _____

Billing Address _____

Tax Office _____

Tax Number _____

Please return this form to:

Conmark Tourism & Event Management Company

Tel: +90 212 241 45 41

Fax: +90 212 241 45 42

Email : secretariat@muglacongress.org