

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

PERSONEL DETAILS

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

REGISTRATION FEES

REGISTRATION CATEGORY

Cadaver Course

250,00 €

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

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