



POSTGRADUATE COURSE REGISTRATION FORM

Please submit this form to the Central Office of the TTS.

Name, Surname :	Title:	Age:
Speciality :	Institution:	
Mail address :		
Telephone:	Fax:	E-mail:

Courses (April 24, 2003)

Please put 1 or 2 in the boxes for the courses you selected according to the order of your preference.

<input type="checkbox"/> Basic chest oncology
<input type="checkbox"/> Treatment of asthma and rhinitis
<input type="checkbox"/> Approach to occupational lung diseases
<input type="checkbox"/> Thoracic traumas
<input type="checkbox"/> Emergencies in pulmonary medicine
<input type="checkbox"/> Non-invasive mechanic ventilation

Registration fee:20.-USD

Type of payment: Money order-bank transfer <input type="checkbox"/>	Credit card <input type="checkbox"/>
Credit card: VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>
Card number:	Valid until:

Please pay the above amount to the account of the Turkish Thoracic Society from my credit card.

Surname: Name: Signature:

- Participants from outside Turkey wishing to participate in post-graduate courses organized by the Congress may enclose the Course Registration Form with the Abstract Application Form if interested.
- The Course Registration Form should be filled out appropriately and at least two courses must be chosen. Choices should be numbered 1 or 2 according to the order of preference. Your registration will be made considering your choices according to the quota.
- Submissions may be sent through mail or internet.
- The accepted applications will be announced on the website of the Congress on April 8, 2003. The participants failing to receive grants are to pay the registration fee via the bank account appearing on the Course Registration Form. The voucher should be sent via facsimile to the Turkish Thoracic Society Central Office no later than April 15, 2003.
- Bank account number: Garanti Bankası Yıldız Şubesi (Ankara-TURKEY) Account no: 9099126

Note : This form can be photocopied.

