REGISTRATION FORM

KAEM/CWS GWP 2017

Please complete and return all forms by Fax or e-mail

EASTERN MEDITERRANEAN UNIVERSITY-CENTER FOR WOMEN’S STUDIES

Gazimagusa – TRNC – Mersin 10 - Turkey

Phone : +90 392 630 2269

Fax : +90 392 365 4038

Web site : gwp17.emu.edu.tr

E-mail: [gwp17@emu.edu.tr](mailto:gwp17@emu.edu.tr)

\*A separate registration form must be used for each participant with or without paper.

GWP17 REGISTRATION FORM

Date:

**Section A. Personal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participants | Academic Personel PhDStudentOther................................. | | | |
| **Title** |  | | | |
| **Surname** |  | **Name** |  | |
| **Institution** |  | | | |
| **Adress Office**  **Home** |  | | | |
| **City,State,ZipCode** |  | **Country** | |  |
| **Phone (includingcountrycode)** |  | **E-mail** | |  |

**Section B. Registration**

|  |  |  |
| --- | --- | --- |
| **Registration fee** | **Early-bird registration deadline :27 January 2017** | **Regular  registration deadline**  **28 February 2017** |
| Participant | 110$ | 150$ |
| Co-author | 50$ | 75$ |
| PhD Student | 50$ | 75$ |
| Second paper | 50$ | 75$ |
| Participantwithoutpaper | 20$ | 25$ |

The registration fee includes conference materials,welcome reception, coffee breaks and lunch bag during the conference for three days.

Payment on side is NOT ALLOWED.

All bank charges and commissions are paid by the participants.Please inform your bank about this when ordering transfer.

Inorder to receive an invoice on behalf of a company or organisation you must state this in the registration form. If the bank transfer is ordered by a natural person, ıt is not possible an invoice to a company or organisation to be issued afterwards.

**Section C. Payment Method**

**Credit Card :**Please charge to my credit card

VISA Master Card

Card Holder’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number:

Expiry : \_\_\_\_\_\_\_\_\_ Card Security Number: \_\_\_\_\_\_\_\_\_ Total Amount : \_\_\_\_\_\_\_\_\_\_

(last 3 digit on signature panel)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CardHolder’sSignature

**Bank Transfer:**

A copy of the receipt of the bank remittance should be attached to the registration form for confirmation.

**IMPORTANT:** Please write **your name** and **CWS/KAEM gwp17** for explanation on your application for payment by bank transfer.

**EMU Account**

Bank: Turkiye Is Bankasi A.S.

Branch: Gazimagusa Subesi

SWIFT Code: ISBKTRISxxx

IBAN #: TR590006400000268200063932

USD Account No : 6820-63932

**Cheques are NOT accepted.**