## REGISTRATION AND ROOM RESERVATION

Other Nan	nes:	
ged		
nights from:	/ / 2003 to: / / 2003	
[ ] Triple	e Rm	
[ ] Share	ed by another participant(s)	
reference:		
\$	[ ] I enclose a bank check payable to Faruk Arinc; or	
\$	I I enclose a copy of the bank transfer document; or	
\$	Please charge my credit can	rd for the total amount
CREDIT CARD	PAYMENT	
[ ] Visa	[ ] MasterCard	[ ] Eurocard
ate:		
TRAVEL SCH	IEDULE	
	Other Names:	
n Hotel	[ ] From Golden Dolp	ohin Hotel to Izmir Airport
	Departure Date :	
	Departure Time :	
	Flight No :	
	To:	
	(first dest	ination)
	nights from:  [ ] Triple [ ] Share [ ] Share [ ] Share  S  S  CREDIT CARD I  [ ] Visa  ————  ate:  TRAVEL SCH	E-Mail:

This form is to be filled out and sent to ICHMT Secretariat by fax  $(+90-312-210\ 1331)$ , email <arinc@ichmt.org>, or snail mail preferably before July 1, 2003