**PLEASE RETURN THIS FORM TO iffet.kesimli.conference@gmail.com and rezervasyon@ramadatekirdag.com or fax to +90 282 229 29 30**

**CREDIT CARD AUTHORIZATION for**

**Fifth Organizational Governance Conference and Fourteenth International Conference on Social Responsibility 9th – 12th September 2015**

ATTENDANT’S LAST NAME: ……………………………………….

ATTENDANT’S FIRST NAME: ………………………………………….

ATTENDANT’S TITLE: …………………………………………………..

ARRIVAL DATE: ……………….. ARRIVAL TIME: ……………… FLIGHT: …………

DEPARTURE DATE: …………… DEPARTURE TIME: ……………FLIGHT: …………

Address : ....................................................................................................................

 ……………………………………………………………………………

 .......................................................................................

City: ........................................ Country: ..................................... Postal Code: ..................

PHONE NO: ……………………….. FAX NO: …………………………

For the payment of my order, please charge my credit card EURO .....................

(Euro …………………………………………………….) from the account given below.

Credit card charges will be made in ***Turkish Lira*** at current exchange rates.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cardholder’s Name: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Card number : |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

VISA MASTERCARD Expiration Date:

|  |  |  |
| --- | --- | --- |
|  |  |  |

 CVV

I agree the above mentioned amount to be charged from my credit card account and credited to your account with Akbank Tekirdag Branch within the rules of the contract signed between your company and Akbank.

Date: .......................... Card Holder’s Signature: ..........................

Card Holder’s Name: ...................................................................