

TURKISH AMERICAN CHAMBER OF COMMERCE & INDUSTRY – MIDWEST



MEDICAL TOURISM in TURKEY CONFERENCE

March 12-13, 2010
Marriott Hotel Downtown
540 N. Michigan Avenue, Chicago, IL 60611

REGISTRATION FORM

Seats are limited and registration is required prior to March 3rd. To register please complete this form and either fax to 312-276-5181 or mail to:

Turkish American Chamber of Commerce & Industry - Midwest
Medical Tourism in Turkey Conference
333 N. Michigan Avenue, Suite 932, Chicago IL 60601, USA

Last Name: _____ First Name: _____

Position/Title: _____

Company Name: _____

Company Web site: _____

Industry: _____

Address: _____

State / Zip code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Comments and Special Requests (to exhibit promotional materials, to sponsor, to arrange private meetings, to reserve a room at the conference hotel, etc.):

Payment Method: Check MasterCard Visa American Express

Payment Amount: \$ _____

Card Number _____ Exp Date ____ / ____

Name on Card _____

Address _____

City _____ State _____ Zip _____

Signature _____

If you do not receive confirmation within 48 hours via email address you provided, please contact us at RSVP@MedicalTourismInTurkey.org or at 312-276-5171 or 847-414-1150. Thank you.