



## Exhibitor Registration form for AARU Members

The booking form serves a contract upon submission and receipt by INOVASYON and becomes binding for both parties upon acceptance by INOVASYON

The information about your institution entered in the form will be used in the EURIE Program book and on the website.

In order to complete your booth registration, please fill out this form and e-mail to

**eurie@eurieeducationsummit.com** before the deadline, 30th of November 2017.

Institution / Organization

First Name

Last Name

Contact Person Title

Daytime Phone Number with Crea code

Fax

Mobile Phone Number

Billing Address

State / Country

ZIP Postal Code

Phone Number with Area Code

Website

E-mail

VAT ID Number - Tax Office

### EXHIBITOR PROFILE

Please make sure you have submitted all the required information about your institution for the Event Catalog by sending an email to **eurie@eurieeducationsummit.com** with the below details.

Name of the institution:

Description of the institution (50 words max):

Website:

Official Contact Info: (e-mail)

Institution Logo (high resolution)

## EXHIBITION STAND DETAILS

Exhibitors can choose a standard stand package or pavilions of various size with custom designs.

|                          | Booth Size (m <sup>2</sup> ) | AARU Members Price |
|--------------------------|------------------------------|--------------------|
| <input type="checkbox"/> | 9                            | 1.500 USD          |

\*Each attendee should separately fulfill a visitor registration form.

\*Listed fee is the special price eligible for only AARU Members. For larger booth options, please consult EURIE team by sending an email to: [eurie@eurieeducationsummit.com](mailto:eurie@eurieeducationsummit.com)

### Payment options for the stand registrations:

#### ☐ Credit Card Order

Company:

Contact Person:

Billing Address:

City:  Postal Code:  Country:

Payment Description: 2018 EURIE Summit Exhibitor Fee

Amount:

Name on Credit Card:

Card Type: ☐  ☐  ☐  ☐  ☐ 

Credit Card Number:

Expiry Date: mm/yy  /  CVC Code\*:  Signature:

\*Last 3 digits on the back of your card.

#### ☐ Bank Transfer

##### Bank details

**Name of the account:** Inovasyon Proje Gelistirme Egitim ve Danismanlik Hizm.San. ve Tic. Ltd. Sti.

**Name of the bank:** Garanti Bankasi

**Account:** USD

**IBAN number:** TR21 0006 2000 4070 0009 0780 90

**Swift code:** TGBATRISXXX

We kindly ask you to return this form, duly filled in, by 30th of November 2017 to EURIE Team

**e-mail:** [eurie@eurieeducationsummit.com](mailto:eurie@eurieeducationsummit.com)

**Tel:** +90 (212) 411 61 68