

REGISTRATION FORM

(1 form per person)

NAME SURNAME	<input type="text"/>		
COMPANY	<input type="text"/>		
JOB TITLE	<input type="text"/>		
INVOICE ADDRESS	<input type="text"/>		
CITY	<input type="text"/>		
POST CODE	<input type="text"/>	COUNTRY	<input type="text"/>
PHONE	<input type="text"/>	FAX	<input type="text"/>
E-MAIL	<input type="text"/>	MOBILE PHONE NO.	<input type="text"/>

REGISTRATION FEE

Standard Registration	<input type="checkbox"/> € 475
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BANK DETAILS

Account Name	<input type="text" value="Agripro Trading Ltd."/>
Bank	<input type="text" value="T. Garanti Bankasi, KKTC Lefkoşa Branch (493)"/>
Euro Account Number	<input type="text" value="9078980"/>
IBAN	<input type="text" value="TR77 0006 2000 4930 0009 0789 80"/>
Swift Code	<input type="text" value="TGBATRISXXX"/>

CREDIT CARD DETAILS

Name on Card	<input type="text"/>
Card Type	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Credit Card Number	<input type="text"/>
Expiry Date	<input type="text"/>
CVV2(*)	<input type="text"/> (*) CVV2 <small>(security code behind the card)</small>
Card Holder's Signature	<input type="text"/>

Please send completed form by EMAIL to info@agripro.com.tr

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