



MAIL ORDER PAYMENT FORM

GLOBAL JOINT CONFERENCE ON INDUSTRIAL ENGINEERING AND ITS APPLICATION AREAS

Card Owner's First and Last Name:

Billing Address:

Phone Number:

Credit Card Bank Name:

Card Number:

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Expiration Date (Month-Year):

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Security Code (CVV2): Turn your card over and look at the signature box. You should see either the entire 16-digit credit card number or just the last four digits followed by a special 3-digit code. This 3-digit code is your CVV2 number / Card Security Code.

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ON-SITE PARTICIPATION

	Before or on June 7, 2024	After June 7, 2024
Yurtiçi Yazar / Katılımcı	<input type="checkbox"/> ₺8750	<input type="checkbox"/> ₺10500
Yurtiçi Öğrenci Yazar / Katılımcı	<input type="checkbox"/> ₺7000	<input type="checkbox"/> ₺8750
Her İlave Bildiri	<input type="checkbox"/> ₺3500	<input type="checkbox"/> ₺4375
Her İlave Sayfa	<input type="checkbox"/> ₺700	<input type="checkbox"/> ₺875
TOTAL		
International Author / Participant	<input type="checkbox"/> €350	<input type="checkbox"/> €400
International Student Author / Participant	<input type="checkbox"/> €250	<input type="checkbox"/> €300
Each Additional Paper	<input type="checkbox"/> €100	<input type="checkbox"/> €125
Each Additional Page	<input type="checkbox"/> €20	<input type="checkbox"/> €25
TOTAL		

VIRTUAL PARTICIPATION

	Before or on June 7, 2024	After June 7, 2024
Yurtiçi Yazar / Katılımcı	<input type="checkbox"/> ₺5250	<input type="checkbox"/> ₺7000
Yurtiçi Öğrenci Yazar / Katılımcı	<input type="checkbox"/> ₺4900	<input type="checkbox"/> ₺6300
Her İlave Bildiri	<input type="checkbox"/> ₺3500	<input type="checkbox"/> ₺4375
Her İlave Sayfa	<input type="checkbox"/> ₺700	<input type="checkbox"/> ₺875
TOTAL		
International Author / Participant	<input type="checkbox"/> €200	<input type="checkbox"/> €250
International Student Author / Participant	<input type="checkbox"/> €150	<input type="checkbox"/> €200
Each Additional Paper	<input type="checkbox"/> €100	<input type="checkbox"/> €125
Each Additional Page	<input type="checkbox"/> €20	<input type="checkbox"/> €25
TOTAL		

Your Paper ID Number(s) _____

Date

Name

Signature