**4. INTERNATIONAL**

**DENTAL ORAL INFECTIONS and 3. ORAL MICROBIOTA CONGRESS**

**21- 23 February 2025**

**www.doinf4.sakarya.edu.tr**

**doinf4@sakarya.edu.tr**

**REGISTRATION FORM**

Name and surname :

Title :

Institution he is working at :

Address (for CARGO) :

Phone :

e-mail :

Participation type : ( ) Presented ( ) Audience

Paper title (s):

1.

2.

Person to present the paper:

Note:

* Registration is required to receive a certificate of participation and submit papers.
* Please send the registration form, your student certificate if necessary, and your statement to [doinf4@sakarya.edu.tr](mailto:doinf4@sakarya.edu.tr) in accordance with the rules on the congress website.
* Registration fees:

|  |  |
| --- | --- |
|  | **Up to 20 Feb 2025** |
| Academician/ Dentist | 5000 TL |
| Research Assistant (Document) PhD. Student (Document) | 3000 TL |
| Company representative | 5000 TL |
| Student (Document) | 1000 TL |

**Registration Fees Bank Account Information**

**Registration fees will be deposited to the account number below by writing NAME, TR ID and BAGİS in the description section.**

**Registration Fees Bank Account Information**

**Account Name:** Deneysel, Biyoteknolojik, Klinik ve Stratejik Sağlık Araştırmaları Derneği

IBAN-TL : TR03 0001 0020 9476 9043 3050 02 It will be deposited into the account.

IBAN-USD : TR35 0001 0020 9676 9043 3050 08

IBAN-EUR: TR19 0001 0020 9476 9043 3050 05

In the description section; It will be enough to write “Name Surname, Turkish ID, BAGIS”**.**