

REGISTRATION FORM

Personal Info

Name	
Surname	
Gender (M/F)	
Passport Number	
E-Mail	
Mobile Phone (with country code)	
Country	

Professional Info

Academic or Business Title	
Profession	
Specialty	
Subspecialty	
Hospital/Clinic/Institution	
Postal Address	
City	
Business Phone (optional)	
Business Web Site (optional)	

Preferred Registration Category

Advanced Surgical Techniques

Transplant Nephrology Update

All information provided in this form is deemed to have been confirmed by the sender. Your personal data in this registration form will be protected under the Law on Protection of Personal Data No. 6698 and will not be shared with third parties.

CONTACT → info@tonv.org.tr

Once we receive your e-mail, our team will contact you to complete your registration process.

Please kindly fill out this form in capital letters, either electronically or manually.