



**European Regional Organization  
Plenary Session  
2-3 May 2025, Almaty, Kazakhstan**

**REGISTRATION FORM**

Please fill in **one** registration form **per** participant and send this form by fax or email **before February 28<sup>th</sup>** at the latest to:

NGO "Kazakhstan Stomatological Association"

Address: Kazakhstan, Astana city, Barayev St,13

Email: [ospanova61@mail.ru](mailto:ospanova61@mail.ru)  
[baigulakov@gmail.com](mailto:baigulakov@gmail.com)

Telephone: + 7 701 331 46 49 (Azamat Baigulakov)  
+ 7 701 803 00 48 (Abay Kalymtay)

**Association:** \_\_\_\_\_

☼ Mrs/Ms ☼ Mr Title: \_\_\_\_\_

**Last name:** \_\_\_\_\_

**First name:** \_\_\_\_\_

☼ Delegate ☼ Alternate ☼ Guest

**Country:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Accompanying Person** ☼ Mrs/Ms ☼ Mr \_\_\_\_\_

**Accompanying Person** ☼ Mrs/Ms ☼ Mr \_\_\_\_\_

\_\_\_\_\_

## Recreational program

Please indicate number of persons ->	Number	€ per person	Total
<b>Thursday 1<sup>st</sup> May 2025</b>			
☼ Welcome Cocktail – 19:30-21:00 - Intercontinental Hotel		Complimentary*	<b>0.00</b>
<b>Friday, 2<sup>nd</sup> May 2025</b>			
☼ Lunch - 12:30-13:30 - Intercontinental Hotel		Complimentary*	<b>0.00</b>
☼ Gala Dinner - 19:00 – House of Receptions		100.00	
<b>Saturday, 3<sup>rd</sup> May 2025</b>			
☼ City Tour (including Lunch) – 15.00 – 18.00 (min. 50 participants)		45.00	
☼ Vegetarian			
☼ Food intolerances			
<b>Grand Total</b>			

\*The Complimentary meals and the transport to the Gala Dinner venue are offered by the Kazakhstan Dental Associations and Intercontinental Hotel.

## Post-Plenary Trip Programs – Please see separate Programs

For those interested in the trip to Tashkent, please contact the tour organizer at:

[info@khanturan.com](mailto:info@khanturan.com) - +7 701 2043439

## METHOD OF PAYMENT:

### ☼ Bank Transfer:

I agree to transfer the registration total amount of € ..... (with costs of hotel accommodation) to the following bank account:

Please note, that all bank transaction fees that might arise while transferring the amount, must be covered by you. **If those fees are not covered by you, your payment will not be in full amount, and you will have to cover the rest on site. An invoice will be issued including all services.**

Bank	JSC "First Heartland Jusan Bank"
Bank address	Sarayshyk street, 5/a, Astana
IBAN	KZ56998BTB0000605134 (EUR)
BIC/SWIFT	TSESKZKA
Details of payment	BIN : 010240006532
Account name	LLP "Kazakhstan Stomatological Association" OO "Kazakhstanskaya stomatologicheskaya assotsiatsiya"

### ☼ Credit Card:

If you prefer to pay with credit card, your payment link will be sent by PCO after sending this registration form.

**Request for Visa Letter**

⚙ Do you need an invitation letter for Visa?

Please provide us herewith with your passport details	
Date	
Signature	

**Please return this form before February 28<sup>th</sup>, 2025**