

Health Programs Application Form

Personal Information

Name / Surname *	
Date of Birth	
Sex	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>

Address Information

Address (Home <input type="checkbox"/>) (Work <input type="checkbox"/>)	
Phone (Home <input type="checkbox"/>) (Work <input type="checkbox"/>)(Gsm. <input type="checkbox"/>)	
E-Mail	

Professional Career

Company	
Title	

Trainings

Radiology Management School	<input type="checkbox"/>	Please be informed.
Nursing Improvement School	<input type="checkbox"/>	Please be informed.
Biomedical Management School	<input type="checkbox"/>	Please be informed.
Advanced PACS/RIS Training	<input type="checkbox"/>	Please be informed.
Psychodrama in Health Services	<input type="checkbox"/>	Please be informed.

Payment Information

Payment Method	Credit Card <input type="checkbox"/> Bank Transfer <input type="checkbox"/>
Bank	
Card Holder and Signature <small>Owner of the credit card should be written with capital letters.</small>	
Credit Card Number	
Security Code <small>Please write the last three digit number behind your credit card</small>	
Valid Thru	
Total AmountTL+KDV
Billing Information; Company Title Address Tax Office and Tax Number	

I hereby confirm that SIMTEC Sistem Hizmetleri San.ve Tic. Ltd.Şti. can collect the above amount from my credit card by this mail order form.

(The copy of your ID card should be sent according to the current Credit Cards Law)

Date

Signature