



Second Congress of the  
**Asia-Pacific Council on Contraception (APCOC)**  
**Macau, China, December 4-6, 2008**  
[www.comtecmed.com/apcoc](http://www.comtecmed.com/apcoc)

### REGISTRATION AND ACCOMMODATION FORM

Please PRINT in BLOCK LETTERS and FAX, Email or AIRMAIL to:



**Headquarters and Administration:**

53 Rothschild Boulevard, PO Box 68,  
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**IDENTIFICATION**

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.  
**Participant (Please TYPE or PRINT IN BLOCK LETTERS)**

First Name	Initials
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Family name
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Title:  Prof.  Dr.  Mr.  Mrs.  Ms.

**MAILING ADDRESS**     Office     Residence

Institute	Dept.
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No.	Street	Suite/Apt.
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City	State/Province	Country	Postal Code
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Telephone (office hours): Country code/city code/number	Fax: Country code/city code/number
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**REGISTRATION FEES**

	Until September 1, 2008	From September 2, 2008	On Site
Participants - Physicians and Scientists	<input type="checkbox"/> €410	€460	€510
Residents/Trainees* / Nurses & Students	<input type="checkbox"/> €300	€350	€400
Accompanying Persons	€120		

\* To obtain concession in registration fees, forms must be accompanied by a letter from the head of the department, confirming their status.  
 The letter should be printed on a department letterhead and addressed to the registration department of the Congress.  
 \* With proper documentation

All cancellations must be electronically mailed or faxed to the Secretariat.  
 Refund of registration fees will be as follows:  
 A. Before September 15th, 2008 - 100% refund minus €50 handling fee.  
 B. From September 16th until November 15th, 2008 – 50% refund.  
 C. No refunds on cancellations made after November 15th, 2008.

