

The 2nd World Congress on Controversies in Neurology Athens, Greece, October 23-26, 2008

www.comtecmed.com/cony

REGISTRATION AND ACCOMMODATION FORM

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



Headquarters and Administration:

53 Rothschild Boulevard, PO Box 68,

Tel Aviv, 61000, Israel Tel: +972-3-5666166 Fax: +972-3-5666177

INDENTIFICATION

E-Mail: cony@comtecmed.com

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REGISTRATION FEES

	Until July 15, 2008	From July 16, 2008	On Site			
Participants - Physicians and scientists	□ € 490	□ € 540	□ € 590			
Nurses, Students/Trainees	□ € 380	□ € 430	□ € 470			
Residents*	□ € 320	□ € 380	□ € 420			
Accompanying Persons		□ €120				

^{*} With proper documentation

All cancellations must be faxed, electronically mailed or post-marked. Refund of registration fees will be as follows: Postmarked before August 15, 2008 - 100% refund (minus € 50 handling fee). Postmarked from August 15, 2008 – 50% refund.

No refund on cancellations sent after September 25, 2008.



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Participant's Name			
ACCOMMODATION			
Please note that hotel accommodation is subject to a onsidered complete until payment is received.	vailability, and cannot be guarar	nteed. Your Congress regist	ration/accommodation will not be
Hotel	Single room	Double room	
Hilton Athens SOLD OUT	□ €214	□ € 230	
Stratos Vassilikos SOLD OUT	□ €175	□ €175	
Alexandros Hotel SOLD OUT	□ €125	□ € 135	
Rates shown are per room, per night and include brea	akfast and taxes.		
Check in Date	Check out Date	Total night/s	
will share my accommodation with:			
Cancellations received 2 months prior to arrival – 50% Cancellations received less than 60 days prior to arrival the event of a no-show, the hotel will automatically all changes or cancellations must be made in writing PAYMENT Please indicate the amount enclosed and preferred materials.	ral - non refundable release the reservation, and pa to Comtec. Please do not conta	ct the hotel directly.	
ogether with your payment:			
Registration Fees: € Hotel Accommodation: €	 per night X total r	niaht – €	
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Option 1: Credit Card			
□ Visa □ MasterCard	☐ Dine	rs 🗅 🖟	American Express
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Option 2: Bank Transfer – with your name and addrure all names are indicated. Please send fully completese make drafts payable to: Comtec Congresses Is anch number: 656; account number: 468440; SWIF Bank charges are the responsibility of the payee and	eted registration and accommod Management Ltd., Bank Hapoal T Code: POALILIT; IBAN: IL11	dation forms together with a m, Kikar Drachten, Kiriat Or 0126 5600 0000 0468440	copy of the bank transfer. no, Israel.
LIABILITY The Congress Organizers cannot accept liability for prarticipants either during or directly arising from the 2 Participants should make their own arrangements with	nd World Congress on Controve	ersies in Neurology (CONy).	
Date		Signature	