



# The 2<sup>nd</sup> World Congress on Controversies in Neurology Athens, Greece, October 23-26, 2008

[www.comtecmed.com/cony](http://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  
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Fax: +972-3-5666177  
E-Mail: [cony@comtecmed.com](mailto:cony@comtecmed.com)

### 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

Family name

Title:  Prof.  Dr.  Mr.  Mrs.  Ms.

**MAILING ADDRESS**  Office  Residence

Institute Dept.

No. Street Suite/Apt.

City State/Province Country Postal Code

Telephone (office hours): Country code/city code/number Fax: Country code/city code/number

E- Mail address

### REGISTRATION FEES

	Until July 15, 2008	From July 16, 2008	On Site
Participants - Physicians and scientists	<input type="checkbox"/> € 490	<input type="checkbox"/> € 540	<input type="checkbox"/> € 590
Nurses, Students/Trainees	<input type="checkbox"/> € 380	<input type="checkbox"/> € 430	<input type="checkbox"/> € 470
Residents*	<input type="checkbox"/> € 320	<input type="checkbox"/> € 380	<input type="checkbox"/> € 420
Accompanying Persons	<input type="checkbox"/> € 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.

