



# The 1<sup>st</sup> World Congress on Controversies in Neurology Berlin, Germany, September 6-9, 2007

## 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  
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 June 15th 2007	From June 15th 2007	On Site From Sept 1st, 2007
Participants - Physicians and scientists	<input type="checkbox"/> € 490	<input type="checkbox"/> € 540	<input type="checkbox"/> € 590
Residents*, Nurses, Technicians	<input type="checkbox"/> € 380	<input type="checkbox"/> € 430	<input type="checkbox"/> € 470
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 July 6, 2007 – 100% refund (minus €50 handling fee)

Postmarked from July 7, 2007 – 50% refund

No refund on cancellations sent after August 6, 2007

Participant's Name \_\_\_\_\_

## ACCOMMODATION

Please note that hotel accommodation is subject to availability, and cannot be guaranteed. Your Congress registration/accommodation will not be considered complete until payment is received.

Hotel	Single room	Double room
InterContinental		
- Deluxe King room <b>SOLD OUT</b>	<input type="checkbox"/> € 224	<input type="checkbox"/> € 244
- Superior King room <b>SOLD OUT</b>	<input type="checkbox"/> € 199	<input type="checkbox"/> € 219
Crowne Plaza Hotel <b>SOLD OUT</b>	<input type="checkbox"/> € 187	<input type="checkbox"/> € 207
* Sofitel Berlin Schweizerhof <b>SOLD OUT</b>	<input type="checkbox"/> € 170	<input type="checkbox"/> € 190

Rates shown are per room, per night and include VAT and breakfast.

In the event of VAT increasing, the resulting increase in hotel rates will be passed on to the client.

\* Rates at the Sofitel Berlin Schweizerhof do not include breakfast.

\_\_\_\_\_  
Check in Date

\_\_\_\_\_  
Check out Date

\_\_\_\_\_  
Total night/s

**I will share my accommodation with:**

\_\_\_\_\_  
Name

## Cancellation policy for hotel reservation:

Cancellations or changes must be received in writing to 'Comtec'.

Cancellations received 4 months prior to arrival - full refund minus €50 handling fees.

Cancellations received 2 months prior to arrival – 50% refundable deposit.

Cancellations received less than 60 days prior to arrival - non refundable

In the event of a no-show, the hotel will automatically release the reservation, and payment will be non-refundable.

All changes or cancellations must be made in writing to Comtec. Please do not contact the hotel directly.

## PAYMENT

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send your fully completed registration and accommodation form together with your payment:

Registration Fees: € \_\_\_\_\_

Hotel Accommodation: € \_\_\_\_\_ per night X \_\_\_\_\_ total night = € \_\_\_\_\_

Total registration and accommodation: € \_\_\_\_\_

## Option 1: Credit Card

☐ Visa ☐ MasterCard ☐ Diners ☐ American Express

\_\_\_\_\_  
Number

\_\_\_\_\_  
Expiry Date (month/year)

\_\_\_\_\_  
Name as Shown on Card

\_\_\_\_\_  
\* Security Code

\* Security Code:

Visa and MasterCard Users - Your 3-digit security code is on the back of your card and follows the 16-digit number on the white strip.

American Express Credit Card Users - Your 4-digit security code is on the front of your card just above your credit card number.

**Option2: Bank Transfer** – with your name and address indicated on the reverse. If payment is made for more than one person or by a company, please make sure all names are indicated. Please send fully completed registration and accommodation forms together with a copy of the bank transfer.

Please make drafts payable to: Comtec, Bank Hapoalim, Kikar Drachten, Kiriya Ono, Israel. Branch number: 656; account number: 468440;

SWIFT Code: POALILIT; IBAN: IL012656000000468440

Bank charges are the responsibility of the payee and should be paid at source in addition to the registration and accommodation fees.

## LIABILITY

The Congress Organizers cannot accept liability for personal accidents or loss of or damage to private property of participants either during or directly arising from the 1<sup>st</sup> World Congress on Controversies in Neurology.

Participants should make their own arrangements with respect to health and travel insurance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature