REGISTRATION 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: icvd@comtecint.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

Family name

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

MAILING ADDRESS

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

<table>
<thead>
<tr>
<th></th>
<th>EARLY REGISTRATION</th>
<th>LATE REGISTRATION</th>
<th>ON-SITE REGISTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians and Scientists</td>
<td>€ 490</td>
<td>€ 540</td>
<td>€ 590</td>
</tr>
<tr>
<td>Trainees*, Health Professionals &amp; Students</td>
<td>€ 350</td>
<td>€ 420</td>
<td>€ 460</td>
</tr>
<tr>
<td>Participants from developing countries**</td>
<td>€ 320</td>
<td>€ 340</td>
<td>€ 380</td>
</tr>
</tbody>
</table>

Registration fees include participation in scientific clinicians sessions, congress bag, program, all printed material of the congress, invitation to the welcome reception, coffee breaks, and lunch.

* Non-tenured junior physicians. Registration form must be accompanied by documentation of residency, or a letter from the Department Head, confirming their status. The letter should be printed on the department letterhead and addressed to the Registration Department of the Congress.

**Developing countries are defined according to the World Bank Country Classification of Low income and Lower-middle-income economies.
REGISTRATION FEES FOR SLOVENIA PARTICIPANTS and regional countries

<table>
<thead>
<tr>
<th>Daily Registration Fee for Slovenia Participants** and regional countries*</th>
<th>€ 130</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Registration Fee for Slovenia Participants* and regional countries*</td>
<td>€ 320</td>
</tr>
</tbody>
</table>

* Regional countries: Bosnia and Herzegovina, Croatia, Hungary, Montenegro, Serbia, Albania, Kosovo.
** Daily Registration fees include: Participation in the scientific sessions, Congress bag, program, all printed material of the congress, lunch and coffee breaks according to the program.

Participation day for daily registration: ☐ Saturday, October 17, 2015 ☐ Sunday, October 18, 2015

Cancellation Policy for registration
All cancellations must be faxed, electronically mailed or postmarked. Refund of registration fees will be as follows:
Postmarked before July 30, 2015 - 100% refund (minus € 50 handling fee)
Postmarked from July 31, 2015 - 50% refund
No refund on cancellations sent after October 1, 2015

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: € __________

Option 1: Credit Card
Note: American Express and Diners Credit card payments (only) will be charged to your account in US$ according to the rate of exchange to the Euro on the date of payment, all other credit cards will be charged to your account in Euro.

☐ Visa ☐ MasterCard ☐ Diners ☐ American Express

Name as Shown on Card

* 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.

Option 2: 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 Congresses Management Ltd., Bank Hapoalim, Kikar Drachten, Kiriat Ono, Israel.
Branch number: 656; account number: 468440; SWIFT Code: POALILIT; IBAN: IL11 0126 5600 0000 0468440
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 9th International Congress on Vascular Dementia – ICVD 2015. Participants should make their own arrangements with respect to health and travel insurance.

Date ___________________________ Signature ________________________