



The 3rd China Congress on
**Controversies to Consensus in Diabetes,
 Obesity and Hypertension (CODHy)**
 Shanghai, China May 19-21, 2016

www.codhy.com/china
codhy-china@codhy.com

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: codhy-china@codhy.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)

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First Name

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Initials

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Family name

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

MAILING ADDRESS Office Residence

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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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E- Mail address

REGISTRATION FEES

	EARLY REGISTRATION	LATE REGISTRATION FROM MAY 5 - ONSITE
Participants - Physicians and Scientists	<input type="checkbox"/> \$490	<input type="checkbox"/> \$600
Residents**	<input type="checkbox"/> \$330	<input type="checkbox"/> \$420
Nurses and Students**	<input type="checkbox"/> \$150	<input type="checkbox"/> \$220

Registration fees include:

Participation in scientific sessions, Congress bag, program and abstract book, all printed material of the Congress, invitation to the Welcome Reception, coffee breaks, lunch during congress hours.



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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	ROOM CATEGORY	SINGLE ROOM	DOUBLE ROOM
KERRY HOTEL Pudong, Shanghai Official Congress Venue	Deluxe Room	<input type="checkbox"/> \$ 255	<input type="checkbox"/> \$ 290
Rates quoted are per room, per night, including breakfast, Internet, 15% service charge, any government taxes and VAT payable on the price. Additional hotels in different categories are available upon request			

Check in Date

Check out Date

Total night/s

I will share my accommodation with:

Name

Cancellation Policy for Registration:

All cancellations must be faxed, electronically mailed or postmarked. Refund of registration fees will be as follows:
 Postmarked before March 31, 2016 - 100% refund (minus Euro €50 handling fee)
 Postmarked from April 1st, 2016- 50% refund
 No refund on cancellations sent after May 1st, 2016

Cancellation policy for hotel reservation:

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

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: USD\$ _____

Hotel Accommodation: \$ _____ per night X _____ total night = \$ _____

Total Registration and Accommodation: USD\$ _____

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.



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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 3rd China Congress on Controversies to Consensus in Diabetes, Obesity and Hypertension (CODHy).
Participants should make their own arrangements with respect to health and travel insurance.

Date

Signature