



DIP2017

*The 9th International Symposium on
Diabetes, Hypertension, Metabolic Syndrome and Pregnancy*

Maternal Medicine meets Fetal Medicine



FETAL MEDICINE BARCELONA

MARCH 8-12, 2017 • BARCELONA, SPAIN

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: Dip@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



DIP2017

The 9th International Symposium on Diabetes, Hypertension, Metabolic Syndrome and Pregnancy

Maternal Medicine meets Fetal Medicine



FETAL MEDICINE BARCELONA

MARCH 8-12, 2017 • BARCELONA, SPAIN

Participant's Name _____

REGISTRATION FEES

	Early Registration Until December 5, 2016	Late Registration From December 6, 2016 – February 26, 2017	From February 27, 2017 and On Site
FULL SYMPOSIUM REGISTRATION			
Participant	<input type="checkbox"/> € 525	<input type="checkbox"/> € 675	<input type="checkbox"/> € 725
Residents/Students/Midwives/Nurses*	<input type="checkbox"/> € 350	<input type="checkbox"/> € 350	<input type="checkbox"/> € 450
Participants from Spain	<input type="checkbox"/> € 400	<input type="checkbox"/> € 400	<input type="checkbox"/> € 475
Residents/Students/Midwives/Nurses* from Spain	<input type="checkbox"/> € 250	<input type="checkbox"/> € 250	<input type="checkbox"/> € 350
POST-GRADUATE COURSE REGISTRATION			
Postgraduate courses 1,2, 3 or 4 for Registered Symposium participants **	<input type="checkbox"/> € 100	<input type="checkbox"/> € 100	NA
Postgraduate courses 1,2, 3 or 4 only (Not registered in full to the Symposium) **	<input type="checkbox"/> € 180	<input type="checkbox"/> € 180	NA

****Postgraduate courses:**

Answer required by:

Participation for Postgraduate course

- Postgraduate Course 1 Postgraduate Course 2
- Postgraduate Course 3 Postgraduate Course 4

***Residents/Students/Midwives/Nurses required documents**

An official letter of the institution (PDF format) originally stamped and signed by the head of the department and confirming this status, must be sent by email when registering to the registration department [email address].

Full Symposium registration fees include:

Participation in scientific sessions, symposium bag, and program, all printed material of the symposium, Welcome Reception, lunch & coffee breaks outlined as per the official program.

Postgraduate Courses Registration

Postgraduate Courses are available for all participants.

Registration for the Postgraduate Course only (without registering for the entire symposium) is also optional (see fee chart above).

PG Course registration fee includes: Participation in the course, lunch break & coffee break as per the Post Graduate Course program.

Minimum number of participants is 30.



DIP2017

The 9th International Symposium on Diabetes, Hypertension, Metabolic Syndrome and Pregnancy

Maternal Medicine meets Fetal Medicine



FETAL MEDICINE BARCELONA

MARCH 8-12, 2017 • BARCELONA, SPAIN

Participant's Name _____

I would like to pre register to the Meet the Experts -

Lunch sessions, Thursday March 9, 2017, 13:00 - 14:00

Meet the Expert - Session 1	<input type="checkbox"/> € 20
Meet the Expert - Session 2	<input type="checkbox"/> € 20
Meet the Expert - Session 3	<input type="checkbox"/> € 20
Meet the Expert - Session 4	<input type="checkbox"/> € 20

Lunch sessions, Friday March 10, 2017, 13:30 - 14:30

Meet the Expert - Session 5	<input type="checkbox"/> € 20
Meet the Expert - Session 6	<input type="checkbox"/> € 20
Meet the Expert - Session 7	<input type="checkbox"/> € 20
Meet the Expert - Session 8	<input type="checkbox"/> € 20

Meet the Expert Lunch Sessions 1-8

Meet the Expert Lunch Sessions are available for all participants.

Meet the Expert registration fee includes: Participation in the session with simultaneous lunch as per the official program.

Minimum number of participants is 15.

Cancellation Policy for Registration:

All cancellations must be faxed, electronically mailed or postmarked. Refund of registration fees will be as follows:

Postmarked before December 5, 2016 - 100% refund (minus € 50 handling fee)

Postmarked from December 6, 2016 - 50% refund

No refund on cancellations sent after March 1, 2017

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
Fairmont Juan Carlos Hotel <i>Official Congress Venue</i>	Standard Room	<input type="checkbox"/> € 239	<input type="checkbox"/> € 259

Rates are in EUR per room, per night and include breakfast and VAT. (currently 10%)

Rates do not include City Tax of 2,48 € per person, per night, which should be paid directly to the hotel.

Check in Date

Check out Date

Total night/s

I will share my accommodation with:

Full Name



DIP2017

*The 9th International Symposium on
Diabetes, Hypertension, Metabolic Syndrome and Pregnancy*

Maternal Medicine meets Fetal Medicine



FETAL MEDICINE BARCELONA

MARCH 8-12, 2017 • BARCELONA, SPAIN

Participant's Name _____

Cancellation Policy

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: € _____
Postgraduate courses: € _____
Meet the Experts: € _____
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.

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 DIP Symposium on Diabetes, Hypertension, Metabolic Syndrome & Pregnancy, March 8-12, 2017, Barcelona, Spain. Participants should make their own arrangements with respect to health and travel insurance.

Date

Signature