

Colombo, Sri Lanka
September 8-10, 2016
www.comtecmed.com/dipap-saidip

REGISTRATION FORM for INTERNATIONAL REGISTRANTS

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: DIPAP-SAIDIP@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 Initials

Family name

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

MAILING ADDRESS Office Residence

Institute Dept.

No. Street Suite/Apt.

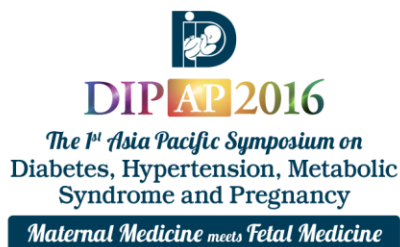
City State/Province Country Postal Code

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

E- Mail address

REGISTRATION FEES FOR INTERNATIONAL PARTICIPANTS

	EARLY REGISTRATION Until July 31, 2016	LATE REGISTRATION August 1, 2016 – August 31, 2016	ON-SITE REGISTRATION from September 1 and On-Site
Participants - Physicians and Scientists	<input type="checkbox"/> \$ 390	<input type="checkbox"/> \$ 430	<input type="checkbox"/> \$ 490
Trainees*, Nurses, Students	<input type="checkbox"/> \$ 290	<input type="checkbox"/> \$ 340	<input type="checkbox"/> \$ 390



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Participant's Name _____

***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.

Symposium registration fee includes

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

Cancellation Policy

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

Postmarked before July 31, 2016 - 100% refund (minus € 50 handling fee)

Postmarked from August 1, 2016 - 50% refund

No refund on cancellations sent after August 29, 2016

ACCOMMODATION - For bookings please contact:

Khalid Ganthi | Travel Executive

49 / 16, Iceland Building, Galle Road, Colombo 03 Sri Lanka

Tel + 94 11 244 6526 / + 94 11 314 4746

Mob + 94 772932104 Fax + 94 11 233 5854

E mail khalid@alphatravels-holidays.com

Web www.alphatravels-holidays.com

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: \$ _____

Total registration: \$ _____

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 1st DIP Asia-Pacific (DIPAP) Symposium on Diabetes, Hypertension, Metabolic Syndrome and Pregnancy (DIPAP) and the South Asia Initiative for Diabetes in Pregnancy (SAIDIP), Colombo, Sri Lanka, September 8-10, 2016.

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

_____ Date

_____ Signature