



The 1<sup>st</sup> Biomarker Meeting in  
**REPRODUCTIVE MEDICINE: EMERGENCE OF A NEW FIELD**

The Ovary, Gametes, Embryo and Endometrium

Valencia, Spain, 30-31 March 2012

**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: [biomarker@comtecmed.com](mailto:biomarker@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 February 15, 2012	From February 16, 2012	On-site
Participants -			
Physicians and Scientists	€ 460	€ 510	€ 560
Trainees*/ Nurses and Students	€ 260	€ 320	€ 360

\* Non-tenured junior scientists. 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;

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

Postmarked before February 15, 2012 - 100% refund (minus € 50 handling fee).

Postmarked from February 16, 2012 – 50% refund.

No refund on cancellations sent after March 2, 2011.



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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	Single Room	Double Room
Sorolla Palace	<input type="checkbox"/> <b>SOLD OUT</b>	<input type="checkbox"/> <b>SOLD OUT</b>

For additional bookings please contact: [reservas@hotelsorollapalace.com](mailto:reservas@hotelsorollapalace.com)

With Reference BIOMARKER – COMTEC

**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

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, Kiriati 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 Biomarker Meeting in Reproductive Medicine: Emerging of a New Field

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

\_\_\_\_\_ Date

\_\_\_\_\_ Signature