



**The 1<sup>st</sup> International Friends Of Israel Urological Dialogue ( FOIU)**

**Tel Aviv, Israel  
July 3-5, 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: [foiu@comtecmed.com](mailto:foiu@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**

	Early until May 1, 2012	From May 1, 2012
* Participant	<input type="checkbox"/> US\$ 400	<input type="checkbox"/> US\$ 450
** Accompanying Person	<input type="checkbox"/> US\$ 350	

Registration fee includes:

\* Participation in the scientific sessions on Wednesday and Thursday, symposium bag, program and abstract book, all printed materials of the symposium, invitation to the Welcome Reception, Gala Dinner, lunches at the symposium venue on Wednesday and Thursday, and coffee breaks.

\*\* Participation in 2 half-day tours (Wednesday and Thursday) with lunch, invitation to the Welcome Reception and Gala Dinner.

**CANCELATION POLICY**

Postmarked before May 1, 2012 - 100% refund

Postmarked from May 2, 2012 - 50% refund

No refund on cancellations made after June 3, 2012



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Participant's Name \_\_\_\_\_

**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: US\$ \_\_\_\_\_  
Tours US\$ \_\_\_\_\_  
Total registration and tours: US\$ \_\_\_\_\_

**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 1<sup>st</sup> International Friends Of Israel Urological Dialogue ( FOIU). Participants should make their own arrangements with respect to health and travel insurance.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature