



The 1st International Friends Of Israel Urological Dialogue (FOIU)

Tel Aviv, Israel
July 3-5, 2012

REGISTRATION 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

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

הרשמה למשתתפים מישראל

<input type="checkbox"/> 800 ש"ח (כולל מע"מ)	* משתתף מומחה לכל ימי הכינוס
<input type="checkbox"/> 450 ש"ח (כולל מע"מ)	** משתתף מומחה יומי
<input type="checkbox"/> 530 ש"ח (כולל מע"מ)	* מתמחים, סטודנטים, אחים / אחיות לכל ימי הכינוס (בהצגת מסמך מתאים)
<input type="checkbox"/> 275 ש"ח (כולל מע"מ)	** מתמחים, סטודנטים, אחים / אחיות יומי (בהצגת מסמך מתאים)

* השתתפות בישיבות המקצועיות בימים רביעי וחמישי. תיק, תוכניה, ספר תקצירים וכן חומר כתוב. הזמנה לקבלת פנים, ארוחות צהריים בימים רביעי וחמישי והפסקות קפה.
** השתתפות בישיבות המקצועיות ביום רביעי או חמישי. תיק, תוכניה, ספר תקצירים וכן חומר כתוב. ארוחת צהריים והפסקות קפה.

מדיניות ביטולים

ביטול שהתקבל עד ה-1 במאי, 2012 – יזוכה ב-100% דמי ביטול
ביטול שהתקבל מה-2 במאי, 2012 – יזוכה ב-50% דמי ביטול
מה-3 ביוני, 2012 – אין החזר בגין ביטול



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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: NIS _____

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, 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 International Friends Of Israel Urological Dialogue (FOIU).

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

Date

Signature