



The World Congress on Controversies in  
**Cardiovascular Diseases: Diagnosis, Treatment  
 and Intervention (C-Care)**  
 Berlin Intercontinental Hotel, July 3–6, 2008

**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: [ccare@comtecmed.com](mailto:ccare@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 March 28, 2008	From March 29, 2008	On Site
Participants - Physicians and scientists	<input type="checkbox"/> € 490	<input type="checkbox"/> € 540	<input type="checkbox"/> € 590
Nurses, Students/Trainees	<input type="checkbox"/> € 385	<input type="checkbox"/> € 430	<input type="checkbox"/> € 470
Residents*	<input type="checkbox"/> € 320	<input type="checkbox"/> € 380	<input type="checkbox"/> € 420
Accompanying Persons	<input type="checkbox"/> € 120		

\* With proper documentation

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

Postmarked before April 27, 2008 - 100% refund (minus € 50 handling fee).

Postmarked from April 28, 2008 – 50% refund.

No refund on cancellations sent after May 27, 2008.

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 Name	Room Type	Single Room	Double Room
InterContinental Hotel (Congress Venue)	<i>Superior Room</i>	<input type="checkbox"/> €180	<input type="checkbox"/> €200
	<i>Deluxe Room</i>	<input type="checkbox"/> €207	<input type="checkbox"/> €227
	<i>Club Room</i>	<input type="checkbox"/> €237	<input type="checkbox"/> €257
Excelsior Hotel	<i>Standard Room</i>	<input type="checkbox"/> €115	<input type="checkbox"/> €125

Rates shown are per room, per night and include breakfast and taxes.

\_\_\_\_\_

Check in Date

\_\_\_\_\_

Check out Date

\_\_\_\_\_

Total night/s

**I will share my accommodation with:**

\_\_\_\_\_

Name

**Cancellation policy for hotel reservation:**

Cancellations or changes must be received in writing to 'Comtec'.  
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.  
All changes or cancellations must be made in writing to Comtec. Please do not contact the hotel directly.

**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: € \_\_\_\_\_

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.

**Option2: 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, 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 World Congress on Controversies in Cardiovascular Diseases. Participants should make their own arrangements with respect to health and travel insurance.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature