

1st World Congress on Controversies in
Gastroenterology and Liver Diseases
(C-GOLD)
 Prague, Czech Republic, September 23-26, 2010

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: cgold@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

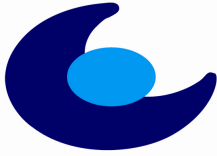
E- Mail address

REGISTRATION FEES

	Early Registration: Until May 1, 2010	Late Registration: After May 1, 2010	On Site: From September 17, 2010
Physicians And Scientists	<input type="checkbox"/> €540	<input type="checkbox"/> €590	<input type="checkbox"/> €650
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"/> €150		

* With proper documentation

All cancellations must be faxed, electronically mailed or post-marked. Refund of registration fees will be as follows:
 Postmarked before July 12, 2010 - 100% refund (minus € 50 handling fee).
 Postmarked after July 13, 2010 - 50% refund.
 Cancellations received after August 16, 2010 will be non-refundable.



1st World Congress on Controversies in
**Gastroenterology and Liver Diseases
(C-GOLD)**
Prague, Czech Republic, September 23-26, 2010

Participant's Name _____

PAYMENT

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send your fully completed registration form together with your payment:

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 World Congress on Controversies in Gastroenterology & Liver Diseases (C-GOLD).

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

Date

Signature