

THE 3rd ASIA PACIFIC CONGRESS ON
CONTROVERSIES
IN OBSTETRICS
GYNECOLOGY &
INFERTILITY

**REGISTRATION FORM
FOR PARTICIPANTS FROM CHINA**

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: cogi@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 **C H I N A** Postal Code

Telephone (office hours): Country code/city code/number Fax: Country code/city code/number

E- Mail address

REGISTRATION FEES

| Category | Price |
|---|--------------------------------|
| Reduced registration for participants from China | <input type="checkbox"/> € 300 |
| Reduced registration for Residents/Nurses/Students /Trainees from China * | <input type="checkbox"/> € 250 |
| One day registration (Friday) for participants from China | <input type="checkbox"/> € 150 |
| One day registration (Saturday) for participants from China | <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 September 3, 2009 - 100% refund (minus € 50 handling fee).

Postmarked from September 4, 2009 – 50% refund.

No refund on cancellations sent after October 15, 2009.

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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 form together with your payment:

Registration Fees: € _____

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 3rd Asia Pacific Congress on Controversies in Obstetrics, Gynecology & infertility (COGI). Participants should make their own arrangements with respect to health and travel insurance.

Date

Signature