

COGI - The 13th World Congress on
CONTROVERSIES
IN OBSTETRICS
GYNECOLOGY &
INFERTILITY

**Workshop & Hands-on
 Vitrification of Oocytes and Embryos**

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: 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
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Family name

Title: Prof. Dr. Mr. Mrs. Ms.

MAILING ADDRESS Office Residence

Institute	Dept.
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No.	Street	Suite/Apt.
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City	State/Province	Country	Postal Code
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Telephone (office hours): Country code/city code/number	Fax: Country code/city code/number
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E- Mail address

Participation at the Workshop & Hands-on: November 4, 2010	<input type="checkbox"/> € 1,500
Participation at the Workshop & COGI Congress, November 4-7, 2010	<input type="checkbox"/> € 2,000

Workshop registration fees include: participation in the Vitrification of Oocytes and Embryos Workshop & Hands-on, participation in scientific sessions of the 13th COGI Congress, Congress bag, program and abstract book, all printed material of the Congress, invitation to the Welcome Reception, coffee breaks, lunch on Thursday, buffet lunch on Friday and Saturday, certificate of attendance.

Please note: Places are limited and acceptance will be on a first come first serve basis upon receipt of payment.

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Participant's Name _____

Cancellation policy for workshop registration:

All cancellations must be faxed, electronically mailed or post-marked. Refund of registration fees will be as follows:
Postmarked until September 15, 2010 - 50% refund.
No refund on cancellations sent after September 31, 2010.

PAYMENT

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

Workshop 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 13th World Congress on Controversies in Obstetrics, Gynecology & Infertility (COGI) Participants should make their own arrangements with respect to health and travel insurance.

Date

Signature