



The 3rd World Congress on
Controversies in Neurology
 Prague, Czech Republic, October 8-11, 2009

www.comtecmed.com/cony

**REGISTRATION AND ACCOMMODATION FORM
 FOR PARTICIPANTS FROM CZECH REPUBLIC & SLOVAKIA**

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: cony@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	Country	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 Czech Republic & Slovakia	<input type="checkbox"/> € 300
Reduced registration for Residents/Nurses/Students /Trainees from Czech Republic & Slovakia *	<input type="checkbox"/> € 250
One day registration (Thursday) for participants from Czech Republic & Slovakia	<input type="checkbox"/> € 100
One day registration (Friday) for participants from Czech Republic & Slovakia	<input type="checkbox"/> € 100
One day registration (Saturday) for participants from Czech Republic & Slovakia	<input type="checkbox"/> € 100
One day registration (Sunday) for participants from Czech Republic & Slovakia	<input type="checkbox"/> € 100

* With proper documentation

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

Postmarked before August 15, 2009 - 100% refund (minus € 50 handling fee).

Postmarked from August 15, 2009 – 50% refund.

No refund on cancellations sent after September 25, 2009.



The 3rd World Congress on
Controversies in Neurology
 Prague, Czech Republic, October 8-11, 2009

www.comtecmed.com/cony

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	Single Room	Double room
Clarion Congress Hotel - Standard Room	<input type="checkbox"/> € 149	<input type="checkbox"/> € 159
Clarion Congress Hotel - Executive Room	<input type="checkbox"/> € 179	<input type="checkbox"/> € 189

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 non-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.

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 World Congress on Controversies in Neurology (CONY). Participants should make their own arrangements with respect to health and travel insurance.

Date

Signature