

### The 3<sup>rd</sup> World Congress on

# **Controversies in Neurology**

Prague, Czech Republic, October 8-11, 2009

www.comtecmed.com/cony

#### 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

**IDENTIFICATION** 

E-Mail: cony@comtecmed.com

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#### **REGISTRATION FEES**

E- Mail address

	Until August 15, 2009	From August 16, 2009	On Site			
Participants - Physicians and scientists	<b>□</b> € 490	<b>□</b> € 540	<b>□</b> € 590			
Nurses, Students/Trainees	<b>□</b> € 380	<b>□</b> € 430	<b>□</b> € 470			
Residents*	<b>□</b> € 320	<b>□</b> € 380	<b>□</b> € 420			
Accompanying Persons		<b>□</b> €120				

<sup>\*</sup> 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).

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently

Postmarked from August 15, 2009 - 50% refund.

No refund on cancellations sent after September 25, 2009.



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Participant's Name			
ACCOMMODATION			
Please note that hotel accommodation is subject to considered complete until payment is received.	availability, and cannot be guarantee	d. Your Congress registration/acc	commodation will not be
Hotel	Single Room	Double room	
Clarion Congress Hotel - Standard Room	□ €149	<b>□</b> € 159	
	- 0.170	- 0.100	
Clarion Congress Hotel - Executive Room	□ €179	□ €189	
Rates shown are per room, per night and include br	eakfast and taxes.		
Check in Date	Check out Date	Total night/s	
will share my accommodation with:			
Name			
Cancellations received 2 months prior to arrival – 50 Cancellations received less than 60 days prior to arm the event of a non-show, the hotel will automatical changes or cancellations must be made in writing PAYMENT Please indicate the amount enclosed and preferred	ival - non refundable Ily release the reservation, and paym y to Comtec. Please do not contact th	e hotel directly.	ion and accommodation form
ogether with your payment:			
Registration Fees: €  Hotel Accommodation: €	 per night X total nigh		
Fotal registration and accommodation: €		. = £	
Option 1: Credit Card	<del></del>		
□ Visa □ MasterCard	☐ Diners	☐ American	Express
Number	·····	Expiry Date (month/year)	
Name as Shown on Card		* Security Code	
<sup>r</sup> Security Code: Visa and MasterCard Users - Your 3-digit security c American Express Credit Card Users - Your 4-digit s			
Option 2: Bank Transfer – with your name and add sure all names are indicated. Please send fully com Please make drafts payable to: Comtec Congresses Branch number: 656; account number: 468440; SW Bank charges are the responsibility of the payee and	oleted registration and accommodatic Management Ltd., Bank Hapoalim, I IFT Code: POALILIT; IBAN: IL11 012	on forms together with a copy of t Kikar Drachten, Kiriat Ono, Israel 6 5600 0000 0468440	he bank transfer.
LIABILITY  The Congress Organizers cannot accept liability for participants either during or directly arising from the Participants should make their own arrangements we	3rd World Congress on Controversie	s in Neurology (CONy).	
Date	·	Signature	