

The 6th World Congress on Controversies in Neurology Vienna, Austria, March 8-11, 2012

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 E-Mail: cony@comtecmed.com

IDENTIFICATION

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

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REGISTRATION FEES

	Early registration until January 15, 2012	Late registration from January 16, 2012	On Site				
Participants - Physicians and Scientists		□ €540	□ €590				
Trainees*, Health Professionals & Students	□ €385	□ €430	□ €470				
Participants from developing countries**	□ €290	□ €320	□ €350				
One day registration		□ €250					
One day registration for students participating in NDI***		□ € 80					
Participation day for one day registration:							

* Non-tenured junior scientists. Registration form must be accompanied by documentation of residency, or a letter from the Department Head, confirming their status. The letter should be printed on the department letterhead and addressed to the Registration Department of the Congress.

** Developing countries are defined according to the World Bank Country Classification of Low income and Lower-middle-income economies;

***Fee applicable only to attendees of the Nerve-Driving Immunity sessions. Available for Friday, March 9 & Saturday, March 10 only. Applicable only for students under 35 years of age. Registration form must by accompanied by a letter from the department head confirming enrollment and active status as a student and photocopy of passport stating date of birth (DOB)

All cancellations must be faxed, electronically mailed or post-marked. Refund of registration fees will be as follows: Postmarked before January 15, 2012 - 100% refund (minus € 50 handling fee). Postmarked from January 16, 2012 – 50% refund. No refund on cancellations sent after February 15, 2012.



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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.

	Room Category	Single roor	n	Double room
Hilton Vienna Congress Venue & Headquarter Hotel	Regular	□ €14	44	□ €174
Limited number of rooms at this spec February 10, 2012	ial rate are available-	Special rate is valid	for book	ing the room/s till
Rates quoted are per room, per night, in	cluding breakfast and V	ΆΤ		
Check in Date	Check out Date	Total night	t/s	
I will share my accommodation with:				
Cancellation policy for hotel reservation: Cancellations received 4 months prior to arrival - fu Cancellations received 2 months prior to arrival - 5 Cancellations received less than 60 days prior to a In the event of a non-show, the hotel will automatic All changes or cancellations must be made in writin	0% refundable deposit. rrival - non refundable ally release the reservation, a	nd payment will be non-re	fundable.	
PAYMENT Please indicate the amount enclosed and preferred together with your payment:	I mode of payment. Ensure th	at you send your fully com	npleted regis	stration and accommodation form
Registration Fees:€Hotel Accommodation:€	per night X t	otal night = €		
Total registration and accommodation: €				
Option 1: Credit Card * Note: American Express and Diners Credit card p on the date of payment, all other credit cards will be Image: Disa matrix of the date of payment and the date of payment and the credit cards will be Image: Disa matrix of the date of payment and the date of payment and the credit cards will be Image: Disa matrix of the date of payment and the date of paymen	e charged to your account in E		0	o the rate of exchange to the Euro erican Express
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* Security Code: Visa and MasterCard Users - Your 3-digit security o American Express Credit Card Users - Your 4-digit				
Option 2: Bank Transfer – with your name and ac sure all names are indicated. Please send fully com Please make drafts payable to: Comtec Congresse	Idress indicated on the revers	e. If payment is made for nmodation forms together	more than c with a copy	one person or by a company, pleas of the bank transfer.

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 6th World Congress on Controversies in Neurology (CONy).

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