



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

www.comtecmed.com/cony

REGISTRATION FORM- CZECH AND SLOVAK RESIDENTS, NURSES AND STUDENTS

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
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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

REGISTRATION TYPE	
<input type="checkbox"/> Nurses, Students/Trainees*	- FREE
<input type="checkbox"/> Residents*	- FREE

* Registration form must be accompanied by documentation 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.

Registration includes participation in the scientific sessions, lunches and coffee breaks on Friday and Saturday, Welcome Reception, Congress bag, official printed material and certificate of attendance.

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.

NOTES

- Complimentary Registration will apply to the First 100 Registered Residents, Nurses, Students and Trainees.
- Confirmation will be made on First Come- First Served basis

_____ Date

_____ Signature