

The 4th World Congress on **Controversies in Neurology (CONy)** Barcelona, Spain, October 28-31, 2010

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. Participant (Please TYPE or PRINT IN BLOCK LETTERS)

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REGISTRATION FEES

| | Early registration until September 1, 2010 | Late registration from September 2, 2010 | On Site |
|---|---|---|---------|
| Participants - Physicians and scientists | □ € 490 | □ € 540 | □ € 590 |
| Trainees*, Health Professionals & Students | □ € 385 | □ € 430 | □ €470 |
| Participants from developing countries** | □ € 290 | □ € 320 | □ € 350 |
| Accompanying Persons | | □ €120 | |

* With proper documentation

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

All cancellations must be faxed, electronically mailed or post-marked. Refund of registration fees will be as follows: Postmarked before September 1, 2010 - 100% refund (minus € 50 handling fee).

Postmarked from September 2, 2010 - 50% refund.

No refund on cancellations sent after September 25, 2010.



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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.

| Hotel | | Category | Sing | le Room | D | ouble Ro | oom | Distance from Congress Venue |
|--|--|--|--|-----------------|------------|------------|-------------|---------------------------------|
| Rey Juan Carlos Hotel – SOL | DOUT | 5 star | | € 180 | | □ €2 | 02 | Congress Headquarter Hote |
| Husa Arenas | Husa Arenas | | | € 132 | | □ €14 | 43 | 15 minutes walk |
| Husa Illa – <mark>SOLD OUT</mark> | Husa Illa – <mark>SOLD OUT</mark> | | | | | □ €14 | 40 | 15 minutes walk |
| Senator – SOLD OUT | | 4 star | | € 97 | | □ €10 | 08 | 15 minutes walk |
| Rates quoted above are per room, per r Should VAT change, rates will be adjust | | ngly. | ast and VAT | ·. | L | al night/s | | |
| I will share my accommodation with: | | | | | | | | |
| Cancellations or changes must be recein Cancellations received 4 months prior to Cancellations received 2 months prior to Cancellations received less than 60 day In the event of a non-show, the hotel will All changes or cancellations must be mathematical PAYMENT | o arrival - fu o arrival – 5 rs prior to a Il automatic | ull refund min 50% refundab rrival - non re cally release t | us €50 hanc ble deposit. efundable he reservati | on, and payme | | | dable. | |
| Please indicate the amount enclosed an together with your payment: | nd preferred | d mode of pay | yment. Ensu | ire that you se | nd your fu | lly comple | ted registr | ation and accommodation form |
| Registration Fees: | € | | | | | | | |
| Hotel Accommodation: | € | per n | ight X | total night | =€ | | | |
| Total registration and accommodation: | € | | | | | | | |
| Option 1: Credit Card | MasterCa | rd | | Diners | | | America | an Express |
| Number | | | | | Expir | y Date (mo | onth/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 4th World Congress on Controversies in Neurology (CONy).

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

Date

Signature