

The 8th World Congress on
Controversies in Neurology
 Berlin, Germany, May 8-11, 2014

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)

First Name	Initials
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Family name

Title: Prof. Dr. Mr. Mrs. Ms.

MAILING ADDRESS Office Residence

Institute		Dept.
No.	Street	Suite/Apt.
City	State/Province	Country
Telephone (office hours): Country code/city code/number		Fax: Country code/city code/number
E- Mail address		

REGISTRATION FEES

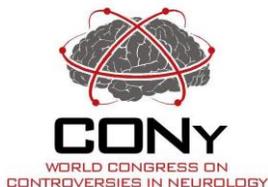
	EARLY REGISTRATION Until March 15, 2014	LATE REGISTRATION March 15 - May 7, 2014	ON-SITE REGISTRATION
Participants - Physicians and Scientists	<input type="checkbox"/> € 450	<input type="checkbox"/> € 490	<input type="checkbox"/> € 540
Trainees*, Health Professionals & Students	<input type="checkbox"/> € 320	<input type="checkbox"/> € 370	<input type="checkbox"/> € 420
Participants from developing countries**	<input type="checkbox"/> € 290	<input type="checkbox"/> € 320	<input type="checkbox"/> € 350

Registration fees include participation in scientific clinicians sessions, congress bag, program, all printed material of the congress, invitation to the welcome reception, coffee breaks, lunch on Friday and Saturday.

Daily Registration fee for German Participants	<input type="checkbox"/> € 260
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Daily Registration fees include: Participation in the scientific sessions, Congress bag, program, all printed material of the congress, lunch and coffee breaks according to the program.

Participation day for one day registration: Friday May 09th, 2014 Saturday May 10th, 2014



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Participant's Name _____

AREA OF INTEREST - Please choose your area of interest from the options below

Dementia Epilepsy Headache & Pain MS Neuro-Immunology diseases PD/MD Rehabilitation Stroke

**I would like to pre register to the Meet the Experts -
 Expert Panel:**

Lunch sessions, Friday, May 9, 13:00 - 13:45	
Expert troubleshooting in DBS patient management: <u>Prof. Jens Volkmann</u>	<input type="checkbox"/> € 15
Lunch sessions, Saturday, May 10, 13:45 - 14:45	
Impact of oral medication for first line treatment of RRMS: <u>Prof. Mark Freedman</u>	<input type="checkbox"/> € 15
Onabotulinumtoxin A in chronic migraine: <u>Prof. Uwe Reuter</u>	<input type="checkbox"/> € 15
Delayed On – an under recognised QoL marker in PD: <u>Prof. Stuart H. Isaacson</u>	<input type="checkbox"/> € 15

BERLIN TOURS (Optional) - Sunday, May 11, 2014

- Special tour of Medical Berlin guided by Dr. Reinhard Horowski – 10:00-13:00 € 40
- Introduction to Berlin (half-day tour) – 09:30-13:30 € 38
- Jewish Berlin (half-day tour)– 09:30-13:30 € 45
- Jewish Berlin (full-day tour) – 09:30-17:30 € 66
- Potsdam and Wannsee (full-day tour) – 09:30-17:30 € 55

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.

OFFICIAL CONGRESS HOTEL	SINGLE ROOM	DOUBLE ROOM
Hilton Hotel Berlin	SOLD OUT	SOLD OUT
Rates shown are per room, per night and include buffet breakfast and VAT (7%), upon availability.		

Check in Date

Check out Date

Total night/s

I will share my accommodation with:

Name

Cancellation Policy for registration

All cancellations must be faxed, electronically mailed or post-marked. Refund of registration fees will be as follows:
 Postmarked before March 15, 2014 - 100% refund (minus € 50 handling fee)
 Postmarked from March 16, 2014 - 50% refund
 No refund on cancellations sent after April 8, 2014

Cancellation policy for hotel reservation:

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.



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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: € _____
Meet the Experts: € _____
Tours: € _____
Total: € _____

Option 1: Credit Card

Note: American Express and Diners Credit card payments (only) will be charged to your account in US\$ according to the rate of exchange to the Euro on the date of payment, all other credit cards will be charged to your account in Euro.

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 7th World Congress on Controversies in Neurology (CONy). Participants should make their own arrangements with respect to health and travel insurance.

Date _____

Signature _____