



The 10th World Congress on
Controversies in Neurology
 Lisbon, Portugal March 17-20, 2016

www.comtecmed.com/cony

REGISTRATION AND ACCOMMODATION FORM

Please PRINT in BLOCK LETTERS and FAX, Email or AIRMAIL to:

comtecMED
 MEDICAL CONGRESSES
Headquarters and Administration:
 53 Rothschild Boulevard, PO Box 68,
 Tel Aviv, 61000, Israel
 Tel: +972-3-5666166
 Fax: +972-3-5666177
 E-Mail: cony@comtecint.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

Family name

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

MAILING ADDRESS Office Residence

Institute	Dept.

No.	Street	Suite/Apt.

City	State/Province	Country	Postal Code

Telephone (office hours): Country code/city code/number	Fax: Country code/city code/number

E- Mail address

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

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

REGISTRATION FEES

	EARLY REGISTRATION Until Jan. 10, 2016	LATE REGISTRATION Jan. 11 - Mar. 10, 2016	ON-SITE REGISTRATION
Participants - Physicians and Scientists	<input type="checkbox"/> € 495	<input type="checkbox"/> € 540	<input type="checkbox"/> € 590
Trainees*, Health Professionals & Students	<input type="checkbox"/> € 350	<input type="checkbox"/> € 420	<input type="checkbox"/> € 460
Participants from developing countries**	<input type="checkbox"/> € 320	<input type="checkbox"/> € 340	<input type="checkbox"/> € 380

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.



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Participant's Name _____

Daily registration - Thursday, March 17, 2016 Workshop on Machado Joseph Disease	<input type="checkbox"/> € 130
Daily registration - Saturday, March 19, 2016 Satellite Symposium on Portuguese TTR Amyloid Neuropathy	<input type="checkbox"/> € 130
Daily registration - Sunday, March 20, 2016 Excellence in Neurology Award Session	<input type="checkbox"/> € 130

REGISTRATION FEE FOR PORTUGUESE PARTICIPANTS

DAILY REGISTRATION FEE FOR PORTUGUESE PARTICIPANTS	<input type="checkbox"/> € 130
FULL REGISTRATION FEE FOR PORTUGUESE PARTICIPANTS	<input type="checkbox"/> € 320

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 daily registration (for Portuguese Participants):

- Thursday, March 17, 2016 Friday, March 18, 2016
 Saturday, March 19, 2016 Sunday, March 20, 2016

Meet the Experts - I would like to pre register:

Friday, March 18, 2016 07:30-08:30 Sana Lisboa Hotel	
"Clinical application of brain atrophy in MS", Veronica Popescu, Belgium	<input type="checkbox"/> € 15
Saturday, March 19, 2016 07:30-08:30 Sana Lisboa Hotel	
"Starting, Sequencing and Switching Treatments in Relapsing Remitting Multiple Sclerosis", Mark Freedman, Canada	<input type="checkbox"/> € 15

Cancellation Policy for registration

All cancellations must be faxed, electronically mailed or postmarked. Refund of registration fees will be as follows:
 Postmarked before Jan. 10, 2016 - 100% refund (minus € 50 handling fee)
 Postmarked from Jan. 11, 2016 - 50% refund
 No refund on cancellations sent after March 3, 2016

Cancellation policy for hotel reservation:

Cancellations or changes must be received in writing to 'ComtecMed.'
 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 no-show, the hotel will automatically release the reservation, and payment will be non-refundable.



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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	ROOM CATEGORY	SINGLE ROOM	DOUBLE ROOM
Sana Lisboa Hotel Official Congress Venue	Standard Room	SOLD OUT	SOLD OUT
Sana Capitol Hotel 2 minutes walking distance to the Venue	Standard Room	SOLD OUT	SOLD OUT
Marques de Pombal Hotel 8 minutes walking distance to the Venue	Standard Room	SOLD OUT	SOLD OUT
Hotel Expo Astória 8 minutes walking distance to the Venue	Standard Room	SOLD OUT	SOLD OUT

Rates quoted are per room, per night, including breakfast and all taxes
 City Tax 1 EUR per person per night should be paid directly to the hotel by the client.

Check in Date

Check out Date

Total night/s

I will share my accommodation with:

Name

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: € _____

Hotel Accommodation: € _____ per night X _____ total night = € _____

Total registration and accommodation: € _____

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.



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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 10th anniversary World Congress on Controversies in Neurology (CONy). Participants should make their own arrangements with respect to health and travel insurance.

Date

Signature
