



The 11th World Congress on
Controversies in Neurology
 Athens, Greece March 23-26, 2016

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@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
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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

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, 2017	LATE REGISTRATION Jan 11, 2017 – March 15, 2017	ON-SITE REGISTRATION From Mar 16, 2017
Participants - Physicians and Scientists	<input type="checkbox"/> € 490	<input type="checkbox"/> € 570	<input type="checkbox"/> € 650
Trainees*, Health Professionals & Students	<input type="checkbox"/> € 320	<input type="checkbox"/> € 400	<input type="checkbox"/> € 480
Participants from developing countries**	<input type="checkbox"/> € 290	<input type="checkbox"/> € 310	<input type="checkbox"/> € 360
Daily Registration for Greek Participants	<input type="checkbox"/> € 100	<input type="checkbox"/> € 120	<input type="checkbox"/> € 160
Full Registration for Greek Participants	<input type="checkbox"/> € 240	<input type="checkbox"/> € 340	<input type="checkbox"/> € 390



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Participant's Name _____

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

* Must be accompanied by documents.

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 Greek participants):

- Thursday, March 23, 2017 Friday, March 24, 2017
 Saturday, March 25, 2017 Sunday, March 26, 2017

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 ROOM	DOUBLE ROOM
Hilton Athens <u>Official Congress Venue</u>	Standard Room	€ 185	€ 205
	Standard Room Acropolis View	€ 230	€ 245
	Executive Room	€ 280	€ 300
	Executive Room Acropolis View	€ 325	€ 345
Rates quoted are per room, per night, including breakfast and all taxes (0.5% Municipality Tax and 13% VAT)			

 Check in Date

 Check out Date

 Total night/s

I will share my accommodation with:

 Name

Cancellation Policy for registration

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, 2017- 100% refund (minus € 50 handling fee)

Postmarked from Jan. 11, 2017 - 50% refund

No refund on cancellations sent after March 16, 2017

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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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.

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 11th World Congress on Controversies in Neurology (CONy). Participants should make their own arrangements with respect to health and travel insurance.

Date

Signature
