



The World Congress on Controversies in Ophthalmology (COPHy) Prague, Czech Republic, March 4-7, 2010

REGISTRATION AND ACCOMMODATION FORM FOR PARTICIPANTS FROM CZECH REPUBLIC & SLOVAKIA

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: cophy@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

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

REGISTRATION FEES

Full Registration	Price
Professionals	<input type="checkbox"/> € 350
Nurses/Students /Trainees *	<input type="checkbox"/> € 230
Residents	<input type="checkbox"/> € 150

Daily registration	Price
Friday	<input type="checkbox"/> € 150
Saturday	<input type="checkbox"/> € 150

* Refers to non-tenured junior scientists. Registration forms must be accompanied by a letter from the head of the department, confirming their status. The letter should be printed on a department letterhead and addressed to the Registration Department of the congress.

All cancellations must be faxed, electronically mailed or post-marked. Refund of registration fees will be as follows:
 Postmarked before January 10, 2010 - 100% refund (minus € 50 handling fee).
 Postmarked from January 10, 2010 – 50% refund.
 No refund on cancellations sent after February 20, 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	Single Room	Double Room
Clarion Congress Hotel - Standard Room	<input type="checkbox"/> € 89	<input type="checkbox"/> € 100
Clarion Congress Hotel - Executive Room	<input type="checkbox"/> € 119	<input type="checkbox"/> € 130

Rates shown are per room, per night and include breakfast and taxes.

Check in Date

Check out Date

Total night/s

I will share my accommodation with:

Name

Cancellation policy for hotel reservation:

Cancellations or changes must be received in writing to 'Comtec'.

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.

All changes or cancellations must be made in writing to Comtec. Please do not contact the hotel directly.

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

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, Kiriati 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 1st World Congress on Controversies in Ophthalmology (COPHy).

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

Date

Signature