



The 3rd International Congress on Controversies in Stem Cell Transplantation and Cellular Therapies (COSTEM)

Berlin, Germany
October 22-25, 2015

www.comtecmed.com/costem

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: costem@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

REGISTRATION FEES

	Early Registration Until September 18, 2015	Late Registration from September 19 until Oct 11, 2015	From Oct 12, 2015 and On Site
Participants- Physicians and Scientists	<input type="checkbox"/> € 490	<input type="checkbox"/> € 540	<input type="checkbox"/> € 590
Residents, Nurses, Students	<input type="checkbox"/> € 365	<input type="checkbox"/> € 410	<input type="checkbox"/> € 450

* 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.

Registration fees include :

Participation in scientific sessions, Congress bag, program and abstract book, all printed material of the Congress, invitation to the Welcome Reception, coffee breaks, lunch on Friday and Saturday.

Cancellation Policy for Registration:

All cancellations must be faxed, electronically mailed or postmarked. Refund of registration fees will be as follows:

Postmarked before August 16, 2015 - 100% refund (minus € 50 handling fee)

Postmarked from August 17, 2015 - 50% refund

No refund on cancellations sent after September 30, 2015



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Participant's Name _____

Industry Supported Workshop, Friday, October 23, 2015, 12:15-12:45

Predicted indirectly recognizable HLA epitopes (PIRCHE) are associated with HLA-mismatched HCT outcome Places are limited. *Supported by PIRCHE*

FREE

Industry Supported Workshop, Saturday, October 24, 2015, 15:30-18:30

How to find the optimal mobilization strategy? Impact, challenges and solutions Places are limited. *Supported by Sanofi*

FREE

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
Andel's Hotel Berlin Congress Venue	SOLD OUT	SOLD OUT
Rates quoted are per room, per night, including breakfast, VAT and Service charge.		

Check in Date

Check out Date

Total night/s

I will share my accommodation with:

Name

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.

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 The 3rd International Congress on Controversies in Stem Cell Transplantation and Cellular Therapies (COSTEM). Participants should make their own arrangements with respect to health and travel insurance.

Date

Signature
