

# The Academy for Clinical Debates & Controversies in Medicine

*announces*



## The First International Congress on Controversies in Cryopreservation of Stem cells, Reproductive cells, Tissue and Organs (CRYO)

Valencia, Spain, May 27-30, 2010

### 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: [cryo@comtecmed.com](mailto:cryo@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**

|   | Late registration until<br>May 20, 2010 | On Site from<br>May 21, 2010   |
|---|---|--------------------------------|
| Participants -<br>Physicians and scientists | <input type="checkbox"/> € 540          | <input type="checkbox"/> € 590 |
| Nurses, Students/Trainees                   | <input type="checkbox"/> € 430          | <input type="checkbox"/> € 470 |
| Residents*                                  | <input type="checkbox"/> € 380          | <input type="checkbox"/> € 420 |
| Accompanying Persons                        | <input type="checkbox"/> € 120          |                                |

\* With proper documentation

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

Postmarked until May 15, 2010 - 50% refund.

No refund on cancellations sent after May 16, 2010.

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Valencia, Spain, May 27-30, 2010

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                    | Distance from Congress Venue    |
|---|--------------------------------|--------------------------------|---------------------------------|
| Hilton Valencia                           | <input type="checkbox"/> € 147 | <input type="checkbox"/> € 162 | 5 minutes walking distance      |
| Sorolla Valencia Palace – <b>SOLD OUT</b> | <input type="checkbox"/> € 135 | <input type="checkbox"/> € 152 | Adjoining to the Congress Venue |

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:

In the event of cancellation, payment will be 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 International Congress on Controversies in Cryopreservation of Stem Cells, Reproductive Cells, Tissue and Organs (CRYO). Participants should make their own arrangements with respect to health and travel insurance.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_