



2<sup>nd</sup> World Congress on  
**Controversies in Urology (CURy)**

Lisbon, Portugal, February 5-8, 2009

**REGISTRATION 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: [cury@comtecmed.com](mailto:cury@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**

|   | Before<br>Nov. 1, 2008        | After<br>Nov. 1, 2008         | Onsite from<br>Feb 1, 2009    |
|---|-------------------------------|-------------------------------|-------------------------------|
| <b>Participants -<br/>Physicians and scientists</b> | <input type="checkbox"/> €540 | <input type="checkbox"/> €590 | <input type="checkbox"/> €650 |
| <b>Residents*</b>                                   | <input type="checkbox"/> €380 | <input type="checkbox"/> €430 | <input type="checkbox"/> €470 |
| <b>Nurses, Students</b>                             | <input type="checkbox"/> €195 | <input type="checkbox"/> €240 | <input type="checkbox"/> €350 |
| <b>Accompanying Persons</b>                         | <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 before December 6, 2008 - 100% refund (minus € 50 handling fee).

Postmarked after December 6, 2008 - 50% refund.

Cancellations received after January 3, 2009 will be non-refundable.





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Participant's 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 nights = € \_\_\_\_\_  
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.

**Option2: 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 2<sup>nd</sup> World Congress on Controversies in Urology (CURy). Participants should make their own arrangements with respect to health and travel insurance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature