

2017 SYMPOSIUM:
**INNOVATIONS IN
 GASTROENTEROLOGY**



Hilton Hotel • Tel Aviv, Israel
 January 4-6, 2017

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: Innovationsingastro@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:

Registration Fees**	EARLY REGISTRATION Until October 15, 2016	LATE REGISTRATION October 16, 2016 – January 3, 2017	ON-SITE REGISTRATION From January 4, 2017
MD (Society member)	<input type="checkbox"/> 300 NIS	<input type="checkbox"/> 500 NIS	<input type="checkbox"/> 1200 NIS
MD (Not a society member)	<input type="checkbox"/> 800 NIS	<input type="checkbox"/> 1200 NIS	<input type="checkbox"/> 1600 NIS
Resident (Society member)	<input type="checkbox"/> 200 NIS	<input type="checkbox"/> 400 NIS	<input type="checkbox"/> 750 NIS
Nurse (Society member)	<input type="checkbox"/> 200 NIS	<input type="checkbox"/> 400 NIS	<input type="checkbox"/> 750 NIS
Nurse (Not a society member)	<input type="checkbox"/> 600 NIS	<input type="checkbox"/> 900 NIS	<input type="checkbox"/> 1100 NIS

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Exhibitor (with an exhibition)	<input type="checkbox"/> 800 NIS	<input type="checkbox"/> 1100 NIS	<input type="checkbox"/> 1500 NIS
Exhibitor * (without an exhibition)	<input type="checkbox"/> 1200 NIS	<input type="checkbox"/> 1800 NIS	<input type="checkbox"/> 2500 NIS
Daily – Wednesday, January 4 th , 2016	<input type="checkbox"/> 200 NIS	<input type="checkbox"/> 300 NIS	<input type="checkbox"/> 350 NIS
Daily – Thursday, January 5 th , 2016	<input type="checkbox"/> 300 NIS	<input type="checkbox"/> 400 NIS	<input type="checkbox"/> 550 NIS
Daily – Friday, January 6 th , 2016	<input type="checkbox"/> 150 NIS	<input type="checkbox"/> 225 NIS	<input type="checkbox"/> 300 NIS

*for additional representatives whom are not included in their company's support package, ** Registration Fees include 17% VAT

Additional Courses:

Registration Fees	EARLY REGISTRATION Until October 15, 2016	LATE REGISTRATION October 16, 2016– January 3, 2017	ON-SITE REGISTRATION From January 4, 2017
Safe Endoscopy Course (Wednesday, January 4th 08:30 – 13:15)			
Society Member	<input type="checkbox"/> 300 NIS	<input type="checkbox"/> 300 NIS	<input type="checkbox"/> 500 NIS
Not a Society Member	<input type="checkbox"/> 800 NIS	<input type="checkbox"/> 800 NIS	<input type="checkbox"/> 800 NIS
Full Congress Registrant	<input type="checkbox"/> 200 NIS		

Sessions

CD24 - January 4, 2016, 08:30- 13:00	<input type="checkbox"/>
Statistics Course - January 4, 2016, 08:30 – 13:00	<input type="checkbox"/>
HALL D: Gastro Nurses Satellite Symposium - January 5, 2017 - 08:30-13:00	<input type="checkbox"/>
HALL A: Takeda Motility Symposium - January 5, 2017 - 13:30-15:00	<input type="checkbox"/>
HALL B: Takeda Nurse Session - January 5, 2017 - 13:30-15:00	<input type="checkbox"/>
HALL C: Jansen IBD Symposium - January 5, 2017 - 13:30-15:00	<input type="checkbox"/>
HALL D: The Gilead Symposium - January 5, 2017 - 13:30-15:00	<input type="checkbox"/>
לא מעוניין/ת	<input type="checkbox"/>

CANCELLATION POLICY

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

Postmarked before October 15, 2016 - 100% refund (minus \$ 50 handling fee)

Postmarked from October 16, 2016- 50% refund

No refund on cancellations sent after December 20, 2016

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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 NAME & CATEGORY	ROOM TYPE	SINGLE ROOM*	DOUBLE ROOM	LOCATION VS. THE SUMMIT VENUE
<u>Tel Aviv Hilton</u> ★★★★★	Deluxe Sea View	<input type="checkbox"/> NIS 1,440	<input type="checkbox"/> NIS 1,550	Summit Venue
Notes: * All quoted rates are per room, per night, including breakfast, 17% VAT, Wi-Fi and service charges.				

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 'ComtecMed'.
 Cancellations received 4 months prior to arrival – full refund minus NIS100 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

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: NIS _____
 Welcome Cocktail Reception for Guests: NIS _____
 Hotel Accommodation: NIS _____ per night X _____ total night = NIS _____
 Total: NIS _____

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, 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 Innovations in Gastroenterology, 2017 Symposium.

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

 Date

 Signature