

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](mailto: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:**

	<b>EARLY REGISTRATION Until October 15, 2016</b>	<b>LATE REGISTRATION October 16, 2016– January 3, 2017</b>	<b>ON-SITE REGISTRATION From January 4, 2017</b>
Participant	<input type="checkbox"/> \$300	<input type="checkbox"/> \$450	<input type="checkbox"/> \$650
Residents/Students /Nurses	<input type="checkbox"/> \$200	<input type="checkbox"/> \$350	<input type="checkbox"/> \$500

**CANCELATION 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

2017 SYMPOSIUM:  
**INNOVATIONS IN  
 GASTROENTEROLOGY**



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

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 NAME & CATEGORY	ROOM TYPE	SINGLE ROOM*	DOUBLE ROOM	LOCATION VS. THE SUMMIT VENUE
<u>Tel Aviv Hilton</u> ★★★★★	Deluxe Sea View	<input type="checkbox"/> \$ 320	<input type="checkbox"/> \$ 345	Summit Venue

Notes:

- \* All quoted rates are per room, per night, including breakfast, Wi-Fi and service charges.
- \* According to the Israeli law, guests who are foreign residents tourists staying in Israel (under a tourist visa B/2, B/3, B/4, types) are entitled to an exemption from VAT.
- \* Prices for Israelis are subject to VAT (17%).
- \* Credit Card payments will be charged in US\$

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
 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 US\$100 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: US\$ \_\_\_\_\_  
 Welcome Cocktail Reception for Guests US\$ \_\_\_\_\_  
 Hotel Accommodation: US\$ \_\_\_\_\_ per night X \_\_\_\_\_ total night = US\$ \_\_\_\_\_  
 Total: US\$ \_\_\_\_\_

**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