



**3<sup>rd</sup> International IVI Congress**  
**Instituto Valenciano de Infertilidad**  
**Madrid Convention Center, Spain, May 14-16, 2009**

**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: [ivi@comtecmed.com](mailto:ivi@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
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Family name
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Title:  Prof.  Dr.  Mr.  Mrs.  Ms.

**MAILING ADDRESS**  Office  Residence

Institute	Dept.
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No.	Street	Suite/Apt.
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City	State/Province	Country	Postal Code
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Telephone (office hours): Country code/city code/number	Fax: Country code/city code/number
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E- Mail address
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**REGISTRATION FEES**

	Until March 10, 2009	From March 10, 2009	On Site
<b>Participants - Physicians and scientists</b>	<input type="checkbox"/> €460	<input type="checkbox"/> €490	<input type="checkbox"/> €540
<b>Residents*/ Trainees*/ Nurses and Students</b>	<input type="checkbox"/> €260	<input type="checkbox"/> €320	<input type="checkbox"/> €350
<b>Accompanying Persons</b>	<input type="checkbox"/> €140		<input type="checkbox"/> €160

\* With proper documentation

All cancellations must be faxed, electronically mailed or post-marked. Refund of registration fees will be as follows:  
 Prior to February 14, 2009 – full refund less €50 handling fee.  
 From February 14, 2009 – 50% refund.  
 After April 18, 2009 - No refund.

