The 6th World Congress on
Controversies in Ophthalmology (COPHy)
Anterior Segment • Glaucoma • Retina
Sorrento, Italy, March 26-29, 2015

www.comtecmed.com/cophy

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: cophy@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 _____

Area of specialty:

☐ Cataract ☐Cornea ☐ Glaucoma ☐ Imaging ☐ Medical Retina ☐ Neuro-ophthalmology ☐ Oculoplastics
☐ Pediatric Ophthalmology ☐ Refractive Surgery ☐Surgical Retina ☐ Trauma ☐ Uveitis ☐ Other _____

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Participant's Name _____

REGISTRATION FEES

	Until Jan 5, 2015	Jan 6 - Mar 16, 2015	Mar 17, 2015 and On-Site
Participants - Physicians and Scientists	❑ € 490	❑ € 540	❑ € 590
Trainees*, Nurses, Students	❑ € 385	❑ € 430	❑ € 470

* Refers to non-tenured junior scientists. Registration forms must be accompanied by a letter from the head of the department, confirming their status. The letter should be printed on a department letterhead and addressed to the Registration Department of the Congress.

REGISTRATION FEES FOR Italian PARTICIPANTS

	Daily Registration	Full Registration
Italian Participants	❑ € 200	❑ € 300
Italian trainees*, Nurses, Students	❑ € 150**	

* Refers to non-tenured junior scientists. Registration forms must be accompanied by a letter from the head of the department, confirming their status. The letter should be printed on a department letterhead and addressed to the Registration Department of the Congress.

Participation day for one day registration: ☐ **Friday March 27th, 2015** ☐ **Saturday March 28th, 2015**

Full Registration fees include: participation in scientific sessions, Congress bag, program and abstract book, all printed material of the congress, invitation to the Welcome Reception two lunches and coffee breaks.

Daily Registration fees include: participation in scientific sessions, Congress bag, program and abstract book, all printed material of the congress, lunch and two coffee breaks.
**Please note: Italian trainees' registrations includes:
Participation in scientific sessions, invitation to the coffee breaks and lunches as per the Congress program.

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	ROOM CATEGORY	SINGLE ROOM	DOUBLE ROOM
HILTON SORRENTO Official Congress Venue	Standard Room	❑ € 142	❑ € 153
	Standard Room with a Sea View	❑ € 164	❑ € 175

Rates quoted are per room, per night, including breakfast and VAT (10%)
Additional hotels in different categories are available upon request

Check in Date _____ Check out Date _____ Total night/s _____

I will share my accommodation with:
Name _____

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Cancellation Policy for Registration :
All cancellations must be faxed, electronically mailed or postmarked. Refund of registration fees will be as follows
Postmarked before Jan 5, 2015 - 100% refund (minus € 50 handling fee(
Postmarked from Jan 6, 2015 - 50% refund
No refund on cancellations sent after Mar 17, 2015

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 € 50 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: € _____
Hotel Accommodation: € _____ per night X _____ total night = € _____
Total registration and accommodation: € _____

Option 1: Credit Card

Note: American Express and Diners Credit card payments (only) will be charged to your account in US$ according to the rate of exchange to the Euro on the date of payment, all other credit cards will be charged to your account in Euro.

❑ 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 the 6th World Congress on Controversies in Ophthalmology (COPHy). Participants should make their own arrangements with respect to health and travel insurance.

Date **Signature**