IMCO
International Meeting on CardiOncology

Towards a Comprehensive Cardiac-Cancer Care

February 12-13, 2015. Hilton, Tel Aviv, Israel

IMCO MEETING 2015 Registration

Online Registration Preferred: http://www.cardioncologycare.com/

☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

Family Name | First Name

Hospital / Institute / Company

Department | Specialty

IMCO 2015
c/o Paragon Group (Dan Knassim Ltd.)
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60 Medinat Hayehudim st.
Hertzliya 4676652
Israel
Tel/ Fax 972 - 3 - 5767734
E-mail: mtropp@paragong.com

Street, No | P.O. Box | Postal Code / Zip Code | City

Country | State / County (where applicable) | E-mail

Telephone work/home | Mobile phone

Registration Fees		Amount
Participant (12-13.02.14)	$300	

Registration fees for all Registration Types Include: Participation in Scientific sessions, Conference materials, Lunches & Coffee breaks

Total Registration _____$

Cancellation Policy – Registration: Refund of registration fees will be made as follows: Faxed, electronically mailed or post marked
Up to 30 days prior to the Congress – full refund less $ 50 handling fees; From 30 days until 15 days prior to the Congress – 50% refund;
From 15 days prior to the Congress – no refund

Payment

The total amount will be paid as follows:
☐ **Credit Card:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Diners

No _____ Date of expiration ____ CVV2 Code ___

Name as shown on Card: _____ Passport No. _____

☐ **Bank Transfer**
Bank Transfer – with your name and address indicated on the reverse. If payment is made for more than one person or by companies please make sure all names are indicated and send fully completed registration forms together with a copy of the bank transfer. Please make drafts payable to Dan Knassim Paragon, Bank Hapoalim, Petach Tikva branch. Hovevei Zion 1 Petach Tikva, Account No. 667381, Swift Code: POALILIT
Bank charges are the responsibility of the customer and should be paid at source in addition to the registration fees.

Comments: _____

Date: _____ Signature: _____