REGISTRATION AND ACCOMMODATION FORM

Please PRINT in BLOCK LETTERS and FAX, Email or AIRMAIL to:

comtecMED
MEDICAL CONGRESSES

Headquarters and Administration:
53 Rothschild Boulevard, PO Box 68,
Tel Aviv, 61000, Israel
Tel: +972-3-5666166
Fax: +972-3-5666177
E-Mail: ovarian club@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 _____

REGISTRATION FEES

	Early Registration until Sept. 10, 2015	Late Registration until Oct. 10, 2015	From Oct. 11, 2015 & On Site
Participants - Physicians and scientists	❑ € 540	❑ € 590	❑ € 640
Residents*, trainees, nurses, students	❑ € 415	❑ € 470	❑ € 510

*Non-tenured junior scientists. Registration form must be accompanied by documentation of residency, or a letter from the Department Head, confirming their status. The letter should be printed on the department letterhead and addressed to the Registration Department of the Meeting.

Cancellation Policy for Registration:
All cancellations must be faxed, electronically mailed or postmarked. Refund of registration fees will be as follows
Postmarked before September 10, 2015 - 100% refund (minus Euro €50 handling fee)
Postmarked from October 10, 2015 - 50% refund
No refund on cancellations sent after October 11, 2015.

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	Room Category	Single Room	Double Room
Catalonia Barcelona Plaza ★★★★ **Official Congress Venue**	**Standard Room**	❑ € 120	❑ € 140

Rates quoted are per room, per night, including breakfast and 10% VAT and City Tax 1,21 € per person per night
As of November 1, 2012, a tourist tax will apply to all hotels in Catalonia Region as follows: Barcelona City 5 Star Hotels - 2.50€ * per night. (Maximum 7 nights).
Barcelona City 4 Star Hotels - 1.21€ * per night. (Maximum 7 nights).

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

I will share my accommodation with:

Name _____

Cancellation Policy for Accommodation:
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

❑ 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 OVARIAN CLUB VI The Inverse Pyramid: Regulating Follicle Number and Oocyte Quality, November 14-15, 2015, Barcelona, Spain.
Participants should make their own arrangements with respect to health and travel insurance.

_____ _____
Date **Signature**