



FERTILITY CONTROL CLUB  
*Hormonal contraception methods:  
From basic research to clinical practice*

Barcelona, Spain | February 19-21, 2015

## 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: [ivf@comtecmed.com](mailto:ivf@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 January 30, 2015	Late Registration Until February 18, 2015	On-site
Participants - Physicians and Scientists	<input type="checkbox"/> € 540	<input type="checkbox"/> € 590	<input type="checkbox"/> € 640
Trainees*/ Nurses and Students	<input type="checkbox"/> € 390	<input type="checkbox"/> € 440	<input type="checkbox"/> € 490

Trainees/Nurses and Students required documents

An official letter of the institution (PDF format) originally stamped and signed by the head of the department and confirming this status, must be sent by email when registering.

Registration fees include: Participation in scientific sessions, Congress bag containing the program and abstract book, invitation to the welcome reception and to all coffee breaks.



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Participant's Name \_\_\_\_\_

**Cancellation Policy**

All cancellations must be faxed, electronically mailed or postmarked. Refund of registration fees will be as follows:

Postmarked before January 30, 2015 – 100% refund (minus € 50 handling fee).

Postmarked from January 31, 2015 – 50% refund.

No refund on cancellations sent after February 7, 2015

**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
<b>Catalonia Barcelona Plaza</b> ★★★★★ Official Congress Venue	Standard Room	<input type="checkbox"/> € 110	<input type="checkbox"/> € 130
<i>Rates quoted are per room, per night, including breakfast, 10% VAT and City Tax.</i>			

\_\_\_\_\_  
Check in Date

\_\_\_\_\_  
Check out Date

\_\_\_\_\_  
Total night/s

**I will share my accommodation with:**

\_\_\_\_\_  
Name

**Cancellation policy for hotel reservation:**

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 non-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.



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**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 1st Meeting of the Fertility Control Club (FCC). Participants should make their own arrangements with respect to health and travel insurance.

**Date**

**Signature**

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