



The 2nd World Congress on
Controversies in Plastic Surgery,
Dermatology & Aging (COPAASDy)
Berlin, Germany, November 7-10, 2013

www.comtecmed.com/copaasdy

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: copaasdy@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 September 2, 2013	Late Registration from September 3, 2013	From November 1, 2013 & On Site
Participants - Physicians and Scientists	<input type="checkbox"/> € 490	<input type="checkbox"/> € 540	<input type="checkbox"/> € 590
Residents*	<input type="checkbox"/> € 250	<input type="checkbox"/> € 250	<input type="checkbox"/> € 250
Nurses and Students	<input type="checkbox"/> € 170	<input type="checkbox"/> € 170	<input type="checkbox"/> € 170

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

Registration fees include: Participation in scientific sessions, Congress bag, program and abstract book, all printed material of the Congress, invitation to the Welcome Reception, coffee breaks, lunch on Friday and Saturday.

Cancellation Policy

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

Postmarked before September 2, 2013 - 100% refund (minus € 50 handling fee)

Postmarked from September 3, 2013 - 50% refund

No refund on cancellations sent after October 10, 2013



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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.

Andel's Hotel Berlin - Congress Venue	Single Room	Double Room
Superior Room -	<input type="checkbox"/> Euro 125	<input type="checkbox"/> Euro 152
Deluxe Room -	<input type="checkbox"/> Euro 145	<input type="checkbox"/> Euro 172
Executive Floor* -	<input type="checkbox"/> Euro 155	<input type="checkbox"/> Euro 185

Rates shown are per room, per night and include buffet breakfast and taxes.

* Accesses to the executive floor lounge, all room are equipped with bathrobe and slippers, international newspapers, internet access free of charge.

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.

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 2nd World Congress on Controversies in Plastic Surgery, Dermatology & Anti Aging Medicine (CoPAASDy). Participants should make their own arrangements with respect to health and travel insurance.

Date

Signature