



Reproductive Medicine and Beyond

6th International IVI Congress
Alicante, Spain, April 23-25, 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: ivi@Comtecint.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 February 20, 2015	Late Registration until March 20, 2015	From March 20, 2015 & On Site
Participants - Physicians and Scientists	<input type="checkbox"/> € 540	<input type="checkbox"/> € 590	<input type="checkbox"/> € 640
Residents*/ Trainees*/ Nurses and Students	<input type="checkbox"/> € 340	<input type="checkbox"/> € 400	<input type="checkbox"/> € 430

Cancellation Policy

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

Postmarked before February 20, 2015 - 100% refund (minus € 50 handling fee)

Postmarked from February 21, 2015 - 50% refund

No refund on cancellations sent after April 01, 2015



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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.

Hotel	Room Category	Single room	Double Room	Venue
Meliá Alicante ★★★★★	Standard Room	<input type="checkbox"/> € 120	<input type="checkbox"/> € 140	ADDA - Auditorio de la Diputación de Alicante
SPA Porta Maris ★★★★★	Standard Room	<input type="checkbox"/> € 120	<input type="checkbox"/> € 140	
SPA Porta Maris ★★★★★	Suites	<input type="checkbox"/> € 175	<input type="checkbox"/> € 195	
Notes: * Single room rates are based on double bed for single occupancy. * Rates quoted are per room, per night, including breakfast and VAT (10%) * Additional hotels in different categories are available upon request				

Rates quoted above are per room, per night, inclusive of breakfast and VAT.
Should VAT change, rates will be adjusted accordingly.

Check in Date

Check out Date

Total night/s

I will share my accommodation with:

Name

Cancellation policy for hotel reservation:

Cancellations or changes must be received in writing to 'Comtec'.
 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.
 All changes or cancellations must be made in writing to Comtec. Please do not contact the hotel directly.

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.



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Participant's Name _____

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 IVI International Congress (IVI).

Participants should make their own arrangements with respect to health and travel insurance.

Date

Signature