REGISTRATION 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

IDENTIFICATION

E-Mail: Innovationsingastro@Comtecint.com

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REGISTRATION FEES:

Registration Fees**	EARLY REGISTRATION Until November 20, 2016	LATE REGISTRATION November 21, 20 16- January 3, 2017	ON-SITE REGISTRATION From January 4, 2017			
MD (Society member)	□ 300 NIS	□ 500 NIS	□ 1200 NIS			
MD (Not a society member)	□ 800 NIS	□ 1200 NIS	□ 1600 NIS			
Resident (Society member)	□ 200 NIS	□ 400 NIS	□ 750 NIS			
Nurse (Society member)	□ 200 NIS	□ 400 NIS	□ 750 NIS			
Nurse (Not a society member)	□ 600 NIS	□ 900 NIS	□ 1100 NIS			

Exhibitor (with an exhibition)	□ 800 NIS	□ 1100 NIS	□ 1500 NIS
Exhibitor * (without an exhibition)	□ 1200 NIS	□ 1800 NIS	□ 2500 NIS
Daily – Wednesday, January 4 th , 2016	□ 200 NIS	□ 300 NIS	□ 350 NIS
Daily – Thursday, January 5 th , 2016	□ 300 NIS	□ 400 NIS	□ 550 NIS
Daily – Friday, January 6 th , 2016	□ 150 NIS	□ 225 NIS	□ 300 NIS

^{*}for additional representatives whom are not included in their company's support package, ** Registration Fees include 17% VAT

Additional Courses:

Registration Fees	EARLY REGISTRATION Until November 20, 2016	LATE REGISTRATION November 21, 2016 - January 3, 2017	ON-SITE REGISTRATION From January 4, 2017							
Safe Endoscopy Course (Wednesday, January 4th 08:30 – 13:15)										
Society Member	□ 300 NIS	□ 300 NIS	□ 500 NIS							
Not a Society Member	□ 800 NIS	□ 800 NIS	□ 800 NIS							
Full Congress Registrant		□ 200 NIS								

Sessions

CD24 - January 4, 2016, 08:30- 13:00	
Statistics Course - January 4, 2016, 08:30 – 13:00	
HALL D: Gastro Nurses Satellite Symposium - January 5, 2017 - 08:30-13:00	
HALL A: Takeda Motility Symposium - January 5, 2017 - 13:30-15:00	٥
HALL B: Takeda Nurse Session - January 5, 2017 - 13:30-15:00	
HALL C: Jansen IBD Symposium - January 5, 2017 - 13:30-15:00	٥
HALL D: The Gilead Symposium - January 5, 2017 - 13:30-15:00	
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CANCELATION POLICY



ACCOMMODATION

Date

Please note that hotel according to the considered complete until		ability, and cannot be guaranteed. You	ır Congress registration/accommodation	on will not be		
HOTEL NAME & CATEGORY	ROOM TYPE	SINGLE ROOM*	DOUBLE ROOM	LOCATION VS. THE SUMMIT VENUE		
Tel Aviv Hilton	Deluxe Sea View	□ NIS 1,440	□ NIS 1,550			
****	Deluxe Sea View for Society Member	□ NIS 750 for MD □ NIS 550 for Residents	NIS 750 for MDNIS 550 for Residents	Summit Venue		
Notes: * All quoted rates are per	r room, per night, including bre	eakfast, 17% VAT, Wi-Fi and service cf	narges.			
Check in Date		heck out Date	 Total night/s			
will share my accommo	odation with:					
Cancellations received 4 r Cancellations received 2 r Cancellations received les In the event of a no-show, PAYMENT	must be received in writing to months prior to arrival – full refmonths prior to arrival – 50% resthan 60 days prior to arrival the hotel will automatically related the enclosed and preferred mod	und minus NIS100 handling fees. efundable deposit.		commodation form		
Registration Fees: Welcome Cocktail Recepti	NIS					
Hotel Accommodation:	NIS _	per night X tota	I night = NIS			
Total:	NIS _					
Option 1: Credit Card Uisa	☐ MasterCard	□ Diners	☐ American Express			
Number			Expiry Date (month/year)			
Name as Shown on Card * Security Code: Visa and MasterCard User		is on the back of your card and follows	* Security Code the 16-digit number on the white strip.			
Option 2: Bank Transfer sure all names are indicate Please make drafts payable Branch number: 656; acco	 with your name and addressed. Please send fully complete le to: Comtec Congresses Mai bunt number: 468440; SWIFT (rity code is on the front of your card just indicated on the reverse. If payment and registration and accommodation for nagement Ltd., Bank Hapoalim, Kikar I Code: POALILIT; IBAN: IL11 0126 560 buld be paid at source in addition to the	is made for more than one person or b ns together with a copy of the bank tra Drachten, Kiriat Ono, Israel. 0 0000 0468440	nsfer.		
from Innovations in Gastro	enterology, 2017 Symposium.	onal accidents or loss of or damage to . espect to health and travel insurance.	private property of participants either	during or directly arising		

Signature

