



The 2nd World Congress on Controversies in Ophthalmology (COPHy) Barcelona, Spain, March 3-6, 2011

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: cophy@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
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Family name

Title: Prof. Dr. Mr. Mrs. Ms.

MAILING ADDRESS Office Residence

Institute	Dept.
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No.	Street	Suite/Apt.
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City	State/Province	Country	Postal Code
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Telephone (office hours): Country code/city code/number	Fax: Country code/city code/number
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E- Mail address

Area of specialty: Cataract Cornea Glaucoma Imaging Medical Retina Neuro-ophthalmology Oculoplastics
 Pediatric Ophthalmology Refractive Surgery Surgical Retina Trauma Uveitis Other _____

REGISTRATION FEES

	Until January 10, 2011	From January 11 until February 24, 2011	From February 25, 2011
Participants - Physicians and Scientists	€540	€590	€650
Trainees*, Nurses, Students	€385	€430	€470

* Refers to non-tenured junior scientists. Registration forms must be accompanied by a letter from the head of the department, confirming their status. The letter should be printed on a department letterhead and addressed to the Registration Department of the congress.

All cancellations must be faxed, electronically mailed or post-marked. Refund of registration fees will be as follows:
 Postmarked before January 9, 2011 - 100% refund (minus € 50 handling fee).
 Postmarked from January 9, 2011 – 50% refund.
 No refund on cancellations sent after February 19, 2011.



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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	Category	Single room	Double room	Distance from Congress Venue
Rey Juan Carlos Hotel - SOLD OUT	5 star	€ 185	€ 196	Congress Headquarter Hotel
Husa IIIa - SOLD OUT	4 star	€ 128	€ 138	15 minutes walk
Senator	4 star	€ 117	€ 128	15 minutes walk
Rates quoted are per room, per night, including breakfast and Tax (currently 8%) Additional hotels in different categories are available upon request				

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

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, Kiriati 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 World Congress on Controversies in Ophthalmology (COPHy).

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

Date

Signature