

5th WOMEN'S HEALTH ISSUES ON THROMBOSIS AND HAEMOSTASIS
Vienna, Austria, February 1-3, 2013

REGISTRATION FORM

Please PRINT in BLOCK LETTERS and FAX, EMAIL or AIRMAIL to:

PALEX TOURS LTD. / Registration and Accommodation Dept. / PO Box 33018, Haifa, 33033 Israel
 Tel: +972 4 6660510 Fax: +972 4 8522491 Email: whith@palex.co.il

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)

Family Name

Date of Birth

First Name

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

Institute Dept.

City State/Province Country

E-mail Address

Registration Fees

	Until Nov. 30 th , 2012	From Dec. 1, 2012 - Until Jan. 31 st , 2013	From Feb. 1 st , 2013
Participants – Physicians & Scientists	<input type="checkbox"/> € 500	<input type="checkbox"/> € 550	<input type="checkbox"/> € 600
Residents*	<input type="checkbox"/> € 350	<input type="checkbox"/> € 400	<input type="checkbox"/> € 450
Accompanying Persons	<input type="checkbox"/> € 120	<input type="checkbox"/> € 120	<input type="checkbox"/> € 120
Farewell Dinner (optional)	<input type="checkbox"/> € 75		

*Refers to non-tenured junior scientists. Registration form must be accompanied by a letter from the head of department confirming their status.

Accompanying Person

List the individual registering for the Accompanying Person's Program:

Family Name

First Name

Title

Payment

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send your fully completed Registration Form together with your payment:

Registration Fees: € _____; Accompanying Person: € _____; Farewell Dinner: € _____; **Total: € _____**

Option 1: Credit Card

Visa MasterCard Diners American Express

Number

Expiry Date (month/year)

Name as shown on card: Family Name

First Name

Option 2: Bank Transfer – Your name and address must be indicated on the reverse. If payment is made for more than one person please make sure all names are indicated and send fully completed registration form together with a copy of the bank transfer. Please make payable to: Palex Tours, Bank Hapoalim, Haifa Main Branch (branch #700), Account No 600355, Swift: POALILIT Iban: IL77-0127-0000-0000-0600-355. Bank charges are the responsibility of the payee

Cancellation Policy All cancellations must be faxed, electronically mailed or post-marked. Refund of registration fees will be as follows:

a) Postmarked before Nov. 15, 2012–100% refund less €50 handling fee; b) Postmarked from Nov. 16, 2012–50% refund; c) After Jan. 1, 2013–no refund

Date _____ Signature _____

By signing this form you authorize PALEX TOURS to charge the above credit card upon receiving this form for registration fees.