



The 3<sup>rd</sup> World Congress on  
**Controversies to Consensus in Diabetes,  
 Obesity and Hypertension (CODHy)**  
 Prague Czech Republic  
 May 13-16, 2010

## 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: [codhy@codhy.com](mailto:codhy@codhy.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
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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
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**REGISTRATION FEES**

	Early Registration Until February 1, 2010	Late Registration from February 2, 2010	On Site from May 6, 2010
<b>Participants - Physicians and scientists</b>	<input type="checkbox"/> € 540	<input type="checkbox"/> € 590	<input type="checkbox"/> € 650
<b>Residents*</b>	<input type="checkbox"/> € 380	<input type="checkbox"/> € 430	<input type="checkbox"/> € 470
<b>Nurses and Students</b>	<input type="checkbox"/> € 190	<input type="checkbox"/> € 240	<input type="checkbox"/> € 250
<b>Accompanying Persons</b>		<input type="checkbox"/> € 140	

\* 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.

All cancellations must be faxed, electronically mailed or postmarked. Refund of registration fees will be as follows:  
 Postmarked before March 15, 2010 - 100% refund (minus € 50 handling fee)  
 Postmarked from March 16, 2010 - 50% refund  
 No refund on cancellations sent after April 25, 2010





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Participant's Name \_\_\_\_\_

**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

\_\_\_\_\_

\_\_\_\_\_ 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 3rd World Congress on Controversies to Consensus in Diabetes, Obesity and Hypertension (CODHy)**. Participants should make their own arrangements with respect to health and travel insurance.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature