



The 4th World Congress on
 Controversies to Consensus in Diabetes,
 Obesity and Hypertension (CODHy)
 Barcelona, Spain November 8-11, 2012
<http://www.codhy.com/2012/>

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

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

REGISTRATION FEES

	Early Registration until September 10, 2012	Late Registration from September 11, 2012	From November 1, 2012 & On Site
Participants - Physicians and Scientists	<input type="checkbox"/> € 540	<input type="checkbox"/> € 590	<input type="checkbox"/> € 650
Residents*	<input type="checkbox"/> € 380	<input type="checkbox"/> € 430	<input type="checkbox"/> € 470
Nurses and Students	<input type="checkbox"/> € 190	<input type="checkbox"/> € 240	<input type="checkbox"/> € 250

* 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.

Cancellation Policy

All cancellations must be faxed, electronically mailed or postmarked. Refund of registration fees will be as follows:
 Postmarked before August 15, 2012 - 100% refund (minus € 50 handling fee)
 Postmarked from August 16, 2012 - 50% refund
 No refund on cancellations sent after Sept 16, 2012



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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	5 star	<input type="checkbox"/> SOLD OUT	<input type="checkbox"/> SOLD OUT	Congress Headquarter Hotel
Husa Illa	4 star	<input type="checkbox"/> SOLD OUT	<input type="checkbox"/> SOLD OUT	15 minutes walk
Senator	4 star	<input type="checkbox"/> SOLD OUT	<input type="checkbox"/> SOLD OUT	15 minutes walk

Rates quoted are per room, per night, including breakfast and VAT. (Currently 8%)
As of November 1, 2012, a tourist tax will apply to all hotels in Catalonia Region as follows:
Barcelona City 5* Hotels - 1.25-€ * per night. (maximum 7 nights).
Barcelona City 4* Hotels - 2.50-€ * per night. (maximum 7 nights).
These taxes should be paid directly by the guests to the hotels upon check out.

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.

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 4th 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: _____