



The 7th International Symposium on
Women's Health Issues in Thrombosis and Haemostasis
March 3-5, 2017, Barcelona, Spain

REGISTRATION FORM

Please PRINT in BLOCK LETTERS and EMAIL to whith@palex.co.il or FAX to +972 4 8346322

Participant Identification - The information you provide will allow us to correspond with you efficiently

This is how your name will appear on the conference name tag therefore do not write middle/maiden names if not necessary

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

Family Name: _____

First Name: _____

City / Country: _____

Your E-mail Address (mandatory)

Other E-mail Address (for correspondence concerning registration, if relevant)

Registration Fees (fee is to be determined by date of payment – mostly relevant in case of bank transfers)

REGISTRATION	Until Nov. 30, 2016	From Dec. 1, 2016 - Until Feb. 19, 2017	From Feb. 20, 2017
Participants	<input type="checkbox"/> € 550	<input type="checkbox"/> € 600	<input type="checkbox"/> € 650
Residents*	<input type="checkbox"/> € 400	<input type="checkbox"/> € 450	<input type="checkbox"/> € 500
Accompanying Persons Package**	<input type="checkbox"/> € 140	<input type="checkbox"/> € 150	<input type="checkbox"/> € 160

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

**Includes: Invitation to attend the Get Together Reception (Fri, Mar 3) and a Guided City Tour (Sat, Mar 4)

Daily Registration (check attending dates) ● Not including social events	<input type="checkbox"/> € 200 (March 3)	<input type="checkbox"/> € 200 (March 4)	<input type="checkbox"/> € 200 (March 5)
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Farewell Dinner (Sat, March 4) - optional	<input type="checkbox"/> € 75	<input type="checkbox"/> € 150 (for 2 tickets)
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Payment Please indicate the amount enclosed and preferred mode of payment

ALL PAYMENTS ARE CHARGED IN US DOLLARS (\$) ACCORDING TO EXCHANGE RATE ON DAY ISSUING THE RECEIPT

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

Option 1: Credit Card - Visa MasterCard Diners American Express

Number _____

Expiry Date (month/year) _____

CVV (mandatory) _____

Name as shown on card: Family Name _____

First Name _____

Option 2: Bank Transfer – IMPORTANT: 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 (please check with your bank the additional charges required and add this sum to payment).

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

a) Postmarked before Nov. 30, 2016–100% refund less €50 handling fee; b) Postmarked from Dec 1, 2016–50% refund; c) After Feb. 3, 2017–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.