



# The 8<sup>th</sup> International Symposium on Women's Health Issues in Thrombosis and Hemostasis

March 29-31, 2019 Madrid, 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

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

City / Country: \_\_\_\_\_

\_\_\_\_\_

Participant's 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 Dec. 31, 2018	From Jan. 1, 2019 - Until Mar. 15, 2019	From Mar. 16, 2019
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 29) and a Guided City Tour (Sat, Mar 30)

<b>Daily Registration</b> (check attending dates) ● Not including social events	<input type="checkbox"/> € 200 (March 29)	<input type="checkbox"/> € 200 (March 30)	<input type="checkbox"/> € 200 (March 31)
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<b>Gala Dinner (Sat, March 4)</b> - optional	<input type="checkbox"/> € 90	<input type="checkbox"/> € 180 (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

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 Dec 31, 2018–100% refund less €50 handling fee; b) Postmarked from Jan 1, 2019–50% refund; c) After Feb. 28, 2019–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.