

The 3rd Meeting of the Israeli Society of Dermato-Mycological and Nail Disorders





Registration Form

Please send your filled form to Ortra, Fax: 03-6384455 or by e-mail to: myco@ortra.com

□ M.D. □ Re	esident 🗆 Nurse 🗅 Studer	nt		
First Name		Last Name		
Position		Company / Institution		
Address		City	Postal Code	
Phone		Work Phone	Fax	
Mobile Phone		E-Mail		
1. Reg	istration Fee – (Please	Registration fee until November 14, 2013	Registration fee from November 15, 2013	
	Participant	□ 390 NIS	□ 490 NIS	
	Resident / Student / Nurse	□ 290 NIS	□ 390 NIS	
BadgeMeetingParticipaVisit of tLunch 8	stration fee includes: bag & Program Book ation in Scientific Sessions the Professional Exhibition Coffee breaks			
	hod of Payment			
Attac	ched is payment in the amou	ınt of NIS m	ade out to Ortra Ltd. by:	
HaMa Please		-Aviv, Israel. Copy of bank t er document to: myco@ortra.com	NK LEUMI LE-ISRAEL B.M., Bran cransfer document enclosed. cor to delphine@ortra.com	ch 616,
Card	it Card: MasterCard #:	Expi	ry date:	
Credi	t card owner:		CVV:	
• Cashi	ier/ banker's cheque #:			

The 3rd Meeting of the Israeli Society of Dermato-Mycological and Nail Disorders

Hilton Hotel, Tel Aviv, Wednesday, December 18th, 2013



TERMS OF PAYMENT

Conference Registration Terms of Payment

Registration fees will be charged by Ortra Ltd. upon receipt of the registration form. Payments will be refunded according to the cancellation policy.

CANCELLATION POLICY

Conference Registration Cancellation Policy

Refund on registration fees payments will be made if written notification of cancellation is received by Ortra Ltd., Conference Secretariat, as follows:

Cancellation received before December 1st, 2013 – Full refund less \$30 (100 NIS) handling fee Cancellation received from December 2nd, 2013 – no refund

Signature	Date
-	

For further information please call Delphine at Ortra: 03-6384487 or Delphine@ortra.com

Visit our Website: www.ortra.com/events/myco