###### Registration Form

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

❑ M.D. ❑ Resident ❑ Nurse ❑ Student

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company / Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Registration Fee** – (Please indicate relevant fee)

|  |  |  |
| --- | --- | --- |
| Registration fee from November 15, 2013 | Registration fee until November 14, 2013 |  |
| **🞏**  490 NIS | **🞏**  390 NIS | **Participant** |
| **🞏**  390 NIS | **🞏**  290 NIS | **Resident / Student / Nurse** |

The registration fee includes:

• Badge

• Meeting bag & Program Book  
• Participation in Scientific Sessions

• Visit of the Professional Exhibition   
• Lunch & Coffee breaks

1. **Method of Payment**

Attached is payment in the amount of \_\_\_\_\_\_\_\_\_\_\_\_ NIS made out to Ortra Ltd. by:

* **Bank transfer**: to IBAN # IL68 0106 1600 0000 9510 090, BANK LEUMI LE-ISRAEL B.M., Branch 616, HaMa'apilim, 9 Hashlosha st., Tel-Aviv, Israel. Copy of bank transfer document enclosed.

*Please send us a copy of the bank transfer document to:* [*myco@ortra.com*](mailto:myco@ortra.com) *or to* [*delphine@ortra.com*](mailto:delphine@ortra.com)

*All bank charges should be covered by the sender*

* **Credit Card:** 🞎 MasterCard 🞎 Visa 🞎 American Express 🞎 Diners  
  Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Credit card owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV: \_\_\_\_\_\_\_\_\_\_
* **Cashier/ banker's cheque #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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](mailto:Delphine@ortra.com)

Visit our Website: [www.ortra.com/events/myco](http://www.ortra.com/events/myco)