



The 6th International Symposium on
Women's Health Issues in Thrombosis and Haemostasis
 February 13-15, 2015 Berlin, Germany

REGISTRATION FORM

Please PRINT in BLOCK LETTERS and FAX, EMAIL or AIRMAIL to:

PALEX TOURS LTD. PO Box 33018, Haifa, 33033 Israel Tel: +972 4 6660510 Fax: +972 4 8346322 Email: whith@palex.co.il

Participant Identification - Please complete this section accurately. The information you provide will allow us to correspond with you efficiently

(Please TYPE or PRINT IN BLOCK LETTERS) – This is how your name will appear on the conference name tag

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)

	Until Nov. 30 th , 2014	From Dec. 1, 2014 - Until Jan. 31 st , 2015	From Feb. 1 st , 2015
Participants	<input type="checkbox"/> € 500	<input type="checkbox"/> € 550	<input type="checkbox"/> € 600
Residents*	<input type="checkbox"/> € 350	<input type="checkbox"/> € 400	<input type="checkbox"/> € 450
Accompanying Persons	<input type="checkbox"/> € 120	<input type="checkbox"/> € 120	<input type="checkbox"/> € 120

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

Farewell Dinner (optional)	<input type="checkbox"/> € 75	<input type="checkbox"/> € 150 (for 2 tickets)
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Accompanying Person

Please give the details for the individual registering for the Accompanying Person's Program (sharing room with you):

 Family Name First Name Title

Payment Please indicate the amount enclosed and preferred mode of payment

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

Option 1: Credit Card* - Visa MasterCard Diners American Express

***Please know that the payment will be charged in US Dollar (\$) according to the exchange rate on day of issuing the receipt**

 Number Expiry Date (month/year) CVV (mandatory)

 Name as shown on card: Family Name First Name

Option 2: Bank Transfer – 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, 2014–100% refund less €50 handling fee; b) Postmarked from Dec 1, 2014–50% refund; c) After Jan. 15, 2015–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.