

The International Conference on Chronic Ventilated Patients
 Multi Disciplinary Management from ICU to Home
 Dan Panorama Hotel, Tel Aviv
 Under the auspices of Reuth Medical Center, Tel-Aviv



Registration Form (one form per active participant)
 Online Registration Preferred: www.congress.co.il/ventilation-reuth08

Mr. Mrs. Ms. Prof. Dr.

Family Name (please underline) / First Name, Initials

Hospital / Institute / Company

Department

Street, No

P.O. Box

Postal Code / Zip Code

City

The International Conference on Chronic Ventilated Patients
 c/o Dan Knassim Ltd.
 P.O.Box 1931
 Ramat Gan 52118
 Israel
 Tel 972- 3 - 6133340 (Ext. 218)
 Fax 972 - 3 - 7604829
 E-Mail: registration@congress.co.il

Country

State / County (where applicable)

E-mail

Telephone work

Telephone home

Fax

Do not complete (for internal use)

Invited by / Part of group

Registration Type	Before April 6th, 2008	Until June 15th, 2008	On Site	Amount
<input type="checkbox"/> Participant	\$470	\$530	\$600	
<input type="checkbox"/> Student *	\$400	\$450	\$510	
<input type="checkbox"/> Gala Dinner (Optional) Subsidized by Reuth Medical Center		\$60		
<input type="checkbox"/> Accompanying Person		\$56		

Accompanying Person Name / First Name

*Please attach proof of status to the Registration Form.

Total Fees \$ _____

*** The registration system will be closed on June 16th, 2008 and will thereafter be available on site only.**

Registration fees include:
Participant: Badge & conference bag, conference publications, Participation in Scientific sessions, Lunches & Coffee breaks and get together reception.
Students: Badge & conference bag, conference publications, Participation in Scientific sessions, Lunches & Coffee breaks, Get together Reception.
Registration Fees for Accompanying person: Badge, Get together Reception

Payment
 The total amount will be paid as follows:
 Credit Card: Visa MasterCard American Express Diners
 No _____ Date of expiration _____ Passport No. _____

Bank Transfer
 Bank Transfer – with your name and address indicated on the reverse. If payment is made for more than one person or by companies please make sure all names are indicated and send fully completed registration forms together with a copy of the bank transfer. . Please make drafts payable to DAN KNASSIM LTD., Bank Mizrahi, 477 Hamigdal Brunch, Account No. 118030, Swift Code: Mizbilit
Bank charges are the responsibility of the payee and should be paid at source in edition to the registration fees.

Cancellation Policy
 Refund of Registration Fees will be made as follows:
 Prior to March 20th, 2008 -full refund less \$50 / From March 21st until June 5th, 2008 - 50% refund / After June 5th, 2008 – no refund.

Comments: _____

Date: _____ Signature: _____