ICI meeting 2011

Innovations in Cardiovascular Interventions

December 4-6, 2011 | Tel-Aviv, Israel

ICI MEETING 2011 Registration Form

Online Registration Preferred: http://www.icimeeting.com

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Prof. ☐ Dr.

Family Name (please underline) / First Name, Initials

Hospital / Institute / Company

Department

Medical Specialty

Street, No

P.O. Box

Postal Code / Zip Code

City

Country

State / County (where applicable)

E-mail

Telephone work/ home

Mobile phone

Fax

ICI 2011
c/o Dan Knassim Ltd.
P.O.Box 1931
Ramat Gan 52118
Israel
Tel/ Fax 972 - 3 - 5767712
E-mail: nlevy@paragon-conventions.com

Registration Type	Until September 22nd, 2011	Until November 5th , 2011	Until November 30th, 2011 and On Site	Amount
Participant	$605	$675	$750	
Resident/Nurse/Technician	$385	$420	$495	
Student *	$255	$305	$375	
Exhibitor	$275	$330	$385	
Academy of Innovation Day **	$250	$285	$325	
Accompanying Person	$60			

Accompanying Person Name / First Name

*Please attach proof of status to the Registration Form.
** Participation in the "Academy of Innovation" satellite is subject to participation in the ICI Meeting.

Total Fees $

Registration fees Include:

Participant: Participation in Scientific sessions. Conference publications, Lunches & Coffee breaks and Get-together reception.
Residents, Nurses, Technicians, Students: Participation in Scientific sessions, Conference publications, Lunches & Coffee breaks.
Registration fees for Exhibitor: Lunches & Coffee breaks, Accompanying Person: Get-together reception
Academy of Innovations: Participation in Scientific sessions, lunch & Coffee breaks

Payment

The total amount will be paid as follows:

☐ **Credit Card:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Diners

No Date of expiration CVV2 Code

Name as shown on Card: _____ 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 customer and should be paid at source in edition to the registration fees.

Cancellation Policy - Registration

Refund of registration fees will be made as follows:
Faxed, electronically mailed or post marked
Prior to September 25, 2011 – full refund less $ 50 handling fees
From September 26, 2011 until November 25, 2011 – 50% refund
After November 26, 2011 – no refund

Comments: _____

Date: _____ Signature: _____