ICI MEETING 2010 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

Street, No

P.O. Box | Postal Code / Zip Code | City

Country | State / County (where applicable) | E-mail

Telephone work | Telephone home | Fax

ICI 2010
c/o Dan Knassim Ltd.
P.O.Box 1931
Ramat Gan 52118
Israel
Tel 972 - 3 - 5767704
Fax 972 - 3 - 5767704
E-mail: secretariat@icimeeting.com
http://www.icimeeting.com

Registration Type	Until September 20th, 2010	Until November 1st, 2010	Until November 30th, 2010 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

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.

Comments: _____

Date: _____ Signature: _____