

Sevilla, Spain February 4-7, 2015

HPV Infection and Related Cancers: Translating Research Innovations into Improved Practice

www.eurogin.com/2015

ACCOMMODATION FORM

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

Registration and Accommodation

ComtecMed- Professional Congress Organizer Motti Levi 53 Rothschild Boulevard, PO Box 68, Tel Aviv, 6100001, Israel Tel: +972-3-5666166 Ext: 227

Fax: +972-3-5666177

eurogin2015@comtecmed.com



IDENTIFICATION

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently. Participant (Please TYPE or PRINT IN BLOCK LETTERS) Initials First Name Family name Title: □ Prof. □ Dr. □ Mr. □ Mrs. □ Ms. **MAILING ADDRESS** □ Office □ Residence Institute Dept. No. Street Suite/Apt. City State/Province Country Postal Code Telephone (office hours): Country code/city code/number Fax: Country code/city code/number



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Participant's Name	

ACCOMMODATION

- I want to book hotel accommodation
- No Accommodation required

Please note that hotel accommodation is subject to availability, and cannot be guaranteed. Your Congress registration/accommodation will not be considered complete until payment is received.

Transportation Service:

Participants choosing to make thief hotel booking with the official congress organizer, ComtecMed will be entitled to a complimentary transportation service from the official Congress hotels to the venue in the morning and back to the hotel at the end of sessions.



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Hotel Name	Stars	Room Type	Single Room	Double Room	Distance to Congress Venue
Melia Sevilla	4*	Standard	€ 120	€ 128	30 min. by shuttle bus
Hotel Sevilla Center	4*	Standard	€ 116	€ 128	30 minutes by shuttle bus
NH Central Convenciones	4*	Standard	€ 120	€ 128	30 minutes by shuttle bus
Hotel Sevilla Palmera	4*	Standard	€ 82	€ 94	30 minutes by shuttle bus
Ayre Sevilla	4*	Standard	€ 105	€ 116	15-minutes by train 25 minutes by shuttle bus
Melia Lebreros	4*	Standard	€ 105	€ 116	15 minutes by train 25 minutes by shuttle bus
Novotel Marques de Nervion	4*	Standard	€ 110	€ 124	20 minutes by train 25 minutes by shuttle bus
Gran Melia Colon	5*	Standard	€ 180	€ 194	30 minutes by shuttle bus
Tryp Sevilla Macarena	4*	Standard	€ 96	€ 110	20 min. by shuttle bus
Barcelo Renacimiento	5*	Standard	€ 152	€ 178	20 min. by shuttle bus
Hilton Garden INN	4*	Standard	€ 145	€ 158	20 min. by shuttle bus

Rates quoted are per room, per night, including breakfast, and tax.

ACCOMMODATION DATES:

Check in Date		Date	Total night/s	
I will share my accomi	modation with:			

Name

Cancellation Policy for Accommodation

Cancellations or changes must be received in writing to 'ComtecMed.'

Cancellations received 4 months prior to arrival – full refund minus € 50 handling fees.

Cancellations received 2 months prior to arrival – 50% refundable deposit.

Cancellations received less than 60 days prior to arrival - non refundable

In the event of a no-show, the hotel will automatically release the reservation, and payment will be non-refundable.



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Participant's Name					
PAYMENT					
Please indicate the amou accommodation form tog		•	of payment. Ensure that y	ou send your fully completed registration and	
Hotel Accommodation:		€	per night X	total night = €	
TOTAL TO BE PAID (a	accommodation): €			
Option 1: Credit Card	I				
Note: American Express the Euro on the date of p				our account in US\$ according to the rate of exnt in Euro.	xchange to
□ Visa	□ Master	Card	□ Diners	☐ American Express	
Number				Expiry Date (month/year)	
Name as Shown on Car	d			* Security Code	
* Security Code:					

Visa and MasterCard Users - Your 3-digit security code is on the back of your card and follows the 16-digit number on the white strip. American Express Credit Card Users - Your 4-digit security code is on the front of your card just above your credit card number.

Option 2: Bank Transfer

with your name and address indicated on the reverse. If payment is made for more than one person or by a company, please make sure all names are indicated. Please send fully completed registration and accommodation forms together with a copy of the bank transfer. Please make drafts payable to:

Comtec Congresses Management Ltd.,

Bank Hapoalim, Kikar Drachten, and Kiriat Ono, Israel.

Branch number: 656; account number: 468440;

SWIFT Code: POALILIT; IBAN: IL11 0126 5600 0000 0468440

All bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.

LIABILITY

The Congress Organizers cannot accept liability for personal accidents or loss of or damage to private property of participants either during or directly arising from the 5th World Congress on Controversies in Ophthalmology (COPHy). Participants should make their own arrangements with respect to health and travel insurance.

Date Signature