



The 2nd World Congress on Gender-Specific Medicine and Aging REGISTRATION FORM

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



Headquarters and Administration:

53 Rothschild Boulevard, PO Box 68,

Tel Aviv, 61000, Israel

Tel: +972-3-5666166

Fax: +972-3-5666177

E-Mail: gender@gendermedicine.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)

First Name	Initials
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Family name

Title: Prof. Dr. Mr. Mrs. Ms.

MAILING ADDRESS Office Residence

Institute	Dept.
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No.	Street	Suite/Apt.
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City	State/Province	Country	Postal Code
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Telephone (office hours):Country code/city code/number	Fax: Country code/city code/number
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E- Mail address

REGISTRATION FEES

	Until Dec. 5, 2007	From Dec. 5, 2007	On Site from March 1, 2007
Physicians and scientists	<input type="checkbox"/> €450	<input type="checkbox"/> €500	<input type="checkbox"/> €550
Residents*, Africa & Eastern Europe	<input type="checkbox"/> €280	<input type="checkbox"/> €350	<input type="checkbox"/> €400
Accompanying Persons	<input type="checkbox"/> €120		

* With proper documentation

All cancellations must be faxed, electronically mailed or post-marked to 'Comtec'.

Refund of registration fees will be as follows:

Postmarked before January 8, 2007 - 100% refund (minus € 50 handling fee).

Postmarked from January 9, 2007 – 50% refund.

Cancellations received after February 8, 2007 will be non-refundable.

