



REGISTRATION FORM

Please complete this form in clear CAPITAL LETTERS and return to:
Ortra Ltd. E-mail: derm@ortra.com | Fax: +972-3-6384455

PERSONAL DETAILS

Type of registrant: Expert Resident Nurse Student

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

Last Name: _____ First Name: _____

Position: _____

Affiliation: _____

Business Address: _____

City: _____ Zip/Code: _____ E-mail: _____ @ _____

Tel: _____ Mobile: _____ Fax: _____

Please note that your personal details will be used by the Organizing Committee and Ortra for sending further updates on the Dermatology conference and other related conferences and exhibitions.

Not interested

Please note that your cell phone number may be used by the Organizing Committee and Ortra for sending further updates on the conference via SMS.

I am not interested in receiving updates as specified above.

REGISTRATION FEES

	Early Bird Registration Paid by March 21, 2016	Advanced Registration Paid from March 22, 2016	Late Registration Paid from April 13, 2016
Full Conference Registration			
Expert – Dermatology Society member	<input type="checkbox"/> 690 NIS	<input type="checkbox"/> 810 NIS	<input type="checkbox"/> 910 NIS
Expert – Medical Association member	<input type="checkbox"/> 790 NIS	<input type="checkbox"/> 910 NIS	<input type="checkbox"/> 1,010 NIS
Resident* / Nurse** / Student*	<input type="checkbox"/> 480 NIS	<input type="checkbox"/> 540 NIS	<input type="checkbox"/> 590 NIS
Veteran	<input type="checkbox"/> 480 NIS	<input type="checkbox"/> 540 NIS	<input type="checkbox"/> 590 NIS
Not a member / Member who did not pay membership fee	<input type="checkbox"/> 910 NIS	<input type="checkbox"/> 1,080 NIS	<input type="checkbox"/> 1,180 NIS
One Day Registration***			
Expert – Dermatology Society member	<input type="checkbox"/> 370 NIS	<input type="checkbox"/> 480 NIS	<input type="checkbox"/> 590 NIS
Expert – Medical Association member	<input type="checkbox"/> 420 NIS	<input type="checkbox"/> 530 NIS	<input type="checkbox"/> 640 NIS

**37th Annual Meeting**of the Israel Society of Dermatology
and Venereology

April 13 - 15, 2016 Hilton Hotel Tel Aviv

הכנס השנתי ה-37של האיגוד הישראלי
לרפואת עור וסין

מלון הילטון תל אביב, 13 - 15 באפריל 2016



Resident* / Nurse** / Student*	<input type="checkbox"/> 270 NIS	<input type="checkbox"/> 320 NIS	<input type="checkbox"/> 370 NIS
Veteran	<input type="checkbox"/> 270 NIS	<input type="checkbox"/> 320 NIS	<input type="checkbox"/> 370 NIS
Not a member / Member who did not pay membership fee	<input type="checkbox"/> 690 NIS	<input type="checkbox"/> 810 NIS	<input type="checkbox"/> 910 NIS

*Upon presentation of a valid confirmation from the head of dept.

**Nurses working in a Dermatology dept.

***** Please choose the preferred conference day:** Wednesday, April 13, 2016 Thursday, April 14, 2016 Friday, April 15, 2016**Gala Dinner, Thursday, April 14, 2016**

(One invitation included in the full conference registration fee)

 Please reserve me an additional _____ invitations in the amount of 150 NIS per each invitation (including VAT)**ACCOMMODATION** (including VAT)

Hotel	Distance to Venue	Single Room	Double Room
Hilton Tel Aviv	Venue	<input type="checkbox"/> 1,450 NIS	<input type="checkbox"/> 1,450 NIS
Melody Hotel	Adjacent	<input type="checkbox"/> 875 NIS	<input type="checkbox"/> 970 NIS

Rates are per room, per night, on Bed and Breakfast basis

Check in: _____ **Check out:** _____ **Total # of Nights:** _____**Comments:** _____**REGISTRATION CANCELLATION POLICY**

Refund of registration fees will be made if written notification of cancellation is received at the Conference Secretariat as follows:

* Before October 1, 2015 - Full refund less \$100 handling fee

* From October 1, 2015 until October 14, 2015 - 50% Refund

* From October 15, 2015 - No refund

* Cancellation received within 14 days from the date of registration (unless registration was made during the 7 days prior to the conference) – Full refund after a deduction of handling fee in the amount of 100 NIS or 5% from the total reservation

Cancellation received from day 15 from the date of registration until March 21, 2016 - Full refund after a deduction of handling fee in the amount of 150 NIS

Cancellation received from March 22, 2016 - No refund



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הכנס השנתי ה-37
של האיגוד הישראלי
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PAYMENT

Attached is payment in the amount of NIS _____ made out to Ortra Ltd. by:

Credit Card: MasterCard Visa American Express

Card #: _____ Expiry date: _____

CVV: _____ Credit card owner: _____

Bank transfer to Leumi Bank, branch no. 616, 9 Hashlosa Street, Tel Aviv, Israel. Account #: 95100/90, Swift code: **LUMIILITLV**, IBAN #: **IL68-0106-1600-0000-9510-090**. Copy of bank transfer document enclosed.

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

Bank Draft #: _____

Signature: _____ Date: _____