



REGISTRATION AND ACCOMMODATION FORM – For Overseas Participants

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: inw@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)

First Name

Initials

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

E- Mail address

REGISTRATION FEES – International Participants

	Until May 20	After May 20
Participant	<input type="checkbox"/> USD\$ 200	<input type="checkbox"/> USD\$ 240
Students, Residents, Retired	<input type="checkbox"/> USD\$ 95	<input type="checkbox"/> USD\$ 115



Participant's Name _____

WORKSHOPS

International participants are entitled to take part in the workshops (included in registration fee). Places are limited and will be granted on a first-come, first-served basis.

Please mark which workshop you wish to participate in:

- Workshop # 1 - Nutrition, Physical Activity, Movement and Music: Harmonious Continuum. **Tuesday, June 12; 09:00-14:00**
- Workshop # 2 - Calorimetry: Clinical Practice. **Tuesday, June 12; 10:00-14:00**
- Workshop # 3 - Finish Your Meal or Else - Eating Disorders - Infants and Toddlers **Tuesday, June 12; 09:00-14:00 – SOLD OUT**
- Workshop # 4 - Effective Writing of Scientific Papers. **Wednesday, June 13; 15:00-18:00**
- Workshop # 5 - Dietary Treatments for Epilepsy and Other Neurologic Disorders. **Thursday, June 14; 15:00-18:00**
- Workshop # 6 - Transference and Counter-Transference Among Team Members Treating Weight - Related Problem. **Thursday, June 14; 15:00-18:00**
- Workshop #7 - The Leadership Challenge. **Wednesday, June 13; 15:30-18:30**
- Workshop #8 - Adventurous Workshops in the Galilee - Olive oil, Visions, Scents and tastes **Tuesday, June 12; 09:00-16:30**
- Workshop #9 - Spread the health on a piece of bread.... **Tuesday, June 12; 09:00-13:00**

PAYMENT

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send your fully completed registration and accommodation form together with your payment:

Registration Fees: USD _____

Credit Card

- Visa
 MasterCard
 Diners
 American Express

Number _____

Expiry Date (month/year) _____

Name as Shown on Card _____

* 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.

*** Note: American Express and Diners Credit card payments (only) will be charged to your account in US\$ according to the rate of exchange to the Euro on the date of payment, all other credit cards will be charged to your account in Euro.

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 Israeli Nutrition Week & The AODA Regional Conference, Mediterranean Diet in the Life Cycle, 12 - 14 June, 2012, Tel Aviv, Israel, Participants should make their own arrangements with respect to health and travel insurance.

 Date

 Signature