



REGISTRATION FORM – For Israeli 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 - משתתף ישראלי

	FULL REGISTRATION		ONE DAY REGISTRATION	
	Until May 20	After May 20	Until May 20	After May 20
Participant	<input type="checkbox"/> 340 NIS	<input type="checkbox"/> 390 NIS	<input type="checkbox"/> 220 NIS	<input type="checkbox"/> 250 NIS
Friends of Amutat Atid	<input type="checkbox"/> 315 NIS	<input type="checkbox"/> 365 NIS	<input type="checkbox"/> 170 NIS	<input type="checkbox"/> 200 NIS
Students, Residents, Retired	<input type="checkbox"/> 175 NIS	<input type="checkbox"/> 225 NIS	<input type="checkbox"/> 130 NIS	<input type="checkbox"/> 160 NIS

* All participants who wish to register for the workshops **must** be registered for at least one day of the Conference. Places are limited and will be granted on a first-come, first-served basis. It will be possible to register for more than one workshop, provided that the chosen workshops are not parallel to each other. The list of workshops will be available shortly.



WORKSHOPS

Price per workshop **80 NIS**.

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 – **SOLD OUT**
- 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: = NIS _____
 Workshop fee: Number of workshop _____ X NIS 80 = NIS _____
 Total = NIS _____

Option 1: Credit Card

- Visa
 MasterCard
 Diners
 American Express

 Number

 Name as Shown on Card

 Expiry Date (month/year)

 * 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.

Option2: 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, Kiriati Ono, Israel.

Branch number: 656; account number: 468440; SWIFT Code: POALILIT; IBAN: IL11 0126 5600 0000 0468440

Bank charges are the responsibility of the payee 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 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