

P4H

Predictive
Preventive
Participatory
Personalized

International Summit on Personalized Health



The International Summit on Personalized Health: *Thinking Global Treating Personal*

Tel-Aviv, Israel
March 15, 2012
www.ppphs.org

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: p4h@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: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.																			
MAILING ADDRESS <input type="checkbox"/> Office <input type="checkbox"/> 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 FEE

Registration fee for the summit is 150 NIS.

CANCELLATION POLICY

All cancellations must be faxed, electronically mailed or post-marked. Refund of registration fees will be as follows:

- Postmarked before February 15, 2012 - 100% refund
- Postmarked after February 16, 2012 - 50% refund
- No refund on cancellations made after March 7, 2012

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Participant's Name _____

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 _____

Option 1: 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.

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, Kiriat 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 International Summit on Predictive, Preventive, Participatory & Personalized Health (P4H): *Thinking Global – Treating Personal*. Participants should make their own arrangements with respect to health and travel insurance.

Date

Signature