



THE 61ST ANNUAL CONFERENCE OF THE ISRAEL HEART SOCIETY

in association with THE ISRAEL SOCIETY OF CARDIOTHORACIC SURGERY

Registration Form

Mr. Mrs. Ms. Prof. Dr.

Family Name (please underline) / First Name, Initials

Hospital / Institute / Company

Department Medical Specialty

Street, No

P.O. Box

Postal Code / Zip Code

City

Country

State / County (where applicable)

E-mail

Telephone work

Telephone home

Passport no.(mandatory):

Please return until April 15, 2013 to:

Dan Knassim Ltd.

Paragon Conventions

P.O.Box 4195 – 60 Medinat Hayehudim St.

Herzliya 46766, Israel

Tel/Fax: +972-3-576-7712

E-mail: nlevy@paragong.com

www.israelheart.com

Registration Fees include: Nametag, Conference Bag, Conference Program, Lunches and Coffee Breaks

Registration is available until April 8, 2014

Registration fees	Until April 8, 2014	On Site
IHS Member	<input type="checkbox"/> \$240	<input type="checkbox"/> \$300
Non IHS Member	<input type="checkbox"/> \$520	<input type="checkbox"/> \$590

Groups/Societies rates: Special registration fees.

Registration for Lunch Satellite Symposia:

Wednesday, 30/04/2014

- LS1- Place of Minimal Invasive Technologies in Patients Continuum of Care** -Sponsored by **-Medtronic**
- LS2- Patient Tailored Approach in Anti-coagulation treatment – Decision Making in AFib** - Sponsored by **-Pfizer**
- LS3- Novel Antiplatelet Agents for the Treatment of STEMI Patients** - Sponsored by **-AstraZeneca**

Thursday, 01/05/2014

- LS4- Multidisciplinary Approach in Stroke Prevention in Atrial Fibrillation** -Sponsored by **-Rafa Labs**
- LS5 - How to Optimally Tailor Antiplatelet Therapy in Patients with NSTEMI** - Sponsored by **-Lilly**
- LS6- Endothelial Function Assessment – Ready for Clinical Use** -Sponsored by **-Itamar Medical**

The Satellite Lunch will be held parallel to the general lunch. Participants of the Satellite will enjoy their lunch in the Symposium hall. Due to limited places, early registration for the Lunch Symposium is highly recommended.

ATTN- Form not including payment details will not be accepted.

Payment:

Credit Card: Visa MasterCard American Express Diners

No. _____ Expiry date _____ CVV2 Code _____

Name as shown on Card: _____ Passport No. _____

Bank Transfer **made payable to Dan Knassim Ltd.**

Bank Transfer – with your name and address indicated on the reverse. If payment is made for more than one person or by companies please make sure all names are indicated and have sent completed registration forms together with a copy of the bank transfer. Please make drafts payable to DAN KNASSIM LTD., Bank Mizrahi, 477 Hamigdal Branch, Account No. 118030, Swift Code: Mizbilit

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

Registration Cancellation Policy:

Until March 30, 2014 - Full refund less 30% handling fee, no refund after this date.

Date: _____

Signature: _____



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Accommodation Form

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Hospital / Institute / Company

Department

Medical Specialty

Street, No

P.O. Box

Postal Code / Zip Code

City

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State / County (where applicable)

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Tel/Fax: +972-3-576-7712

E-mail: nlevy@paragong.com

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Accommodation (upon availability)- Early reservation is highly recommended.

Hotels	Single Classic Room Price for one person in a room	Double Classic Room Price for two persons in a room	Category	Distance from Venue
David Intercontinental Hotel – Classic room	<input type="checkbox"/> \$ 295	<input type="checkbox"/> \$ 315	5 Stars Hotel	The Conference Venue
David Intercontinental Hotel – Executive room	<input type="checkbox"/> \$ 345	<input type="checkbox"/> \$ 345	5 Stars Hotel	The Conference Venue

*Israelis with Israeli Passport are requested to add 18% VAT to the above rates

The prices are per night Per room on Bed and Breakfast basis.

Check in date _____ Check out date _____ No. Of Nights _____ Total Accommodation _____ \$

Comment _____

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Hotel Policy

In order to secure your hotel reservation a deposit of 50% charge must accompany all requests for accommodation.

Full payment for hotel must be completed prior to your arrival. With your signature you authorize Paragon Group to charge the credit card for the balance of your account a month prior to your arrival for services ordered.

Pre and Post conference accommodation

If you wish to reserve Pre and Post conference accommodation please indicate so in the remarks box.

A confirmation of these dates will be sent to you separately upon availability of the hotel. Please note, the prices of the Pre and Post conference accommodation might be different from the conference rates.

Cancellation policy for accommodation:

Cancellations/changes received up to 60 days prior to arrival – full refund less \$ 50 handling fee.

Cancellations/changes received between 60 to 45 days prior to arrival – 1 night cancellation charge.

Cancellations/changes received Between 45 days to 21 days prior to arrival – 2 nights cancellation charge

Less than 21 days prior to arrival – no refund

For information please contact the conference secretariat: Fax: +972-3-5767712, Email: nlevy@paragong.com

Date: _____

Signature: _____