

27th International Jerusalem Symposium on Sports Medicine

Ma'ale Hachamisha Hotel, January 26-27, 2011

Registration Form

Prof./Dr./Mr./Mrs./Ms.

LAST NAME _____ FIRST
NAME _____

Occupation: (please circle as appropriate):

Doctor - Specialist / Intern

Physiotherapist – Member / Non-Member of Federation

Nurse

Place of Work: _____

Mailing Address: _____

Tel # (Work): _____ Fax # (Work): _____

Cell #: _____ Email: _____

Please complete this **registration form** and send together with **payment details** by one of the following methods:

1. Email: jerusalemsymposium@regin-med.co.il
2. Fax: +972-2-6528231
3. Mail: Regin Medical Center, for Jerusalem Symposium
12 Beit Hadfus Street, Givat Shaul,
POB 34400
Jerusalem 91342

Payment by:

Credit Card:

VISA / MasterCard / Other _____ (please circle as appropriate)

Card Number _____

Valid Until _____

ID Number _____

Check, to the order of The Meir Medical Center mailed to the above address.

Registration by January 10, 2010 will entitle you to a discount in fees.

For inquiries: (+972) 02-6510122; 052-3812112; 052-2514608

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Registration and Participation	Doctors, Physiotherapist Non-Member of Fed.	Physiotherapist , Member of Fed, Intern & Nurse
Workshop: "Lateral elbow tendinopathy" by 10 th January, 2010	\$80	\$70
Workshop: "Lateral elbow tendinopathy" after 10 th January, 2010	\$100	\$85
One day by 10 th January, 2010	\$115	\$100
One day after 10 th January, 2010	\$140	\$120
Two days by 10 th January, 2010	\$160	\$140
Two days after 10 th January, 2010	\$190	\$170
One day + Workshop by 10 th January, 2010	\$150	\$130
One day + Workshop Registration after 10 th January, 2010	\$180	\$160
Two days + Workshop by 10 th January, 2010	\$210	\$185
Two days + Workshop Registration after 10 th January, 2010	\$250	\$220