



### Accommodation Form - Israeli Participants

Please fill in all the details IN BLOCK LETTERS and send the form by mail or fax to:  
The Secretariat, **BioForum**, POB 4034, Ness- Ziona 70400, Israel  
Telephone: +972-8-9313070 fax: +972-8-9313071 e-mail: bioforum@bezeqint.net  
Registration is also available through the Conference website: **www.isranalytica.org.il**

Title:  Prof.  Dr.  Mr.  Ms.  Student

First & Middle Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Company/organization: \_\_\_\_\_ Department: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home Telephone no.: \_\_\_\_\_ Work Telephone no.: \_\_\_\_\_

Fax no.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Hotel	Category	Single room (NIS)	Double room (NIS)*	Please mark your choice:
Dan Panorama	Superior First Class	990	1090	
David Intercontinental	Deluxe	1390	1490	

(rates quoted are per room, per night, including breakfast and VAT)

\*If checked for a double room, please enter the other person's name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Total: \_\_\_\_\_ nights

#### **Payment Method**

I pay with a credit card:  Visa  Mastercard  American Express

Total payment of: NIS \_\_\_\_\_ Card no.: \_\_\_\_\_

Cardholder Name (in BLOCK LETTERS): \_\_\_\_\_

ID number: \_\_\_\_\_ Card Exp. Date: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cancellations:** Applicants may cancel their registration up to January 4<sup>th</sup>, 2008. Cancellations are subject to processing fee of 30% from any of the fees specified above.

No refunds will be issued to cancellations after 10<sup>th</sup>, 2008. Cancellations must be submitted in writing only.

Organized and Produced by:

[www.isranalytica.org.il](http://www.isranalytica.org.il)



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