



Accommodation Form - Foreign Participants

Please fill in all the details IN BLOCK LETTERS and send the form by mail or fax to:
The Secretariat: BioForum Applied Knowledge Center Ltd., POB 4034, Ness- Ziyona 70400, Israel
Telephone : 972-8-9313070 Fax: 972-8-9313071 Email: bioforum@bezeqint.net
Accommodation is also available through the Conference website: www.isranalytica.org.il

First & Middle Name: _____ Family Name: _____

Mailing address: _____ Country: _____ Postal code: _____

Home Telephone no.: _____ Work Telephone no.: _____

Fax no.: _____ E-mail: _____

Accompanying Person (Spouse) : First Name _____ Family Name _____

Please reserve accommodation for the conference as follows: Rates are quoted per room, per night, including breakfast and service charges .

| Hotel | Category | Single Room (Euro) | Double Room (Euro) | Check in Date | Check Out Date |
|---|---------------------------------------|------------------------------|------------------------------|---------------|----------------|
| <input type="checkbox"/> David Intercontinental | <input type="checkbox"/> Standard | <input type="checkbox"/> 165 | <input type="checkbox"/> 175 | | |
| | <input type="checkbox"/> Deluxe | <input type="checkbox"/> 182 | <input type="checkbox"/> 195 | | |
| <input type="checkbox"/> Dan Panorama | <input type="checkbox"/> Deluxe | <input type="checkbox"/> 105 | <input type="checkbox"/> 130 | | |
| | <input type="checkbox"/> Deluxe Smart | <input type="checkbox"/> 125 | <input type="checkbox"/> 147 | | |
| | <input type="checkbox"/> Executive | <input type="checkbox"/> 137 | <input type="checkbox"/> 160 | | |
| <input type="checkbox"/> Prima | <input type="checkbox"/> Standart | <input type="checkbox"/> 90 | <input type="checkbox"/> 105 | | |
| <input type="checkbox"/> Art | <input type="checkbox"/> Standart | <input type="checkbox"/> 72 | <input type="checkbox"/> 78 | | |
| <input type="checkbox"/> Bell | <input type="checkbox"/> standart | <input type="checkbox"/> 56 | <input type="checkbox"/> 68 | | |

I also require reservations for the following tours : No. of _____ Seat/s

Tour A , Jan 17th 35 Euro Tour B , Jan 18th 50 Euro Tour C, Jan 21st 50 Euro

Tour D Jan 21st 35 Euro

Rates are quoted per person and are based on minimum of 15 pax.

In order to secure services for accommodation and optional tours, full payment is required in advance.

PAYMENT METHOD (All Bank Charges to be paid by Participants).

Bank Transfer of _____ Euro , payable to the *BioForum - Applied knowledge center Ltd.*

Account No: 577720 Bank Hapoalim (12) Branch: 529 Address: Ben Yehuda St., 99 Tel Aviv, Israel

IBAN: IL22-0125-2900-0000-0577-720 Routing No: POALILIT Account Name: Bioforum Applied Knowledge Center LTD

Please attach copy of bank transfer to the accommodation form, and ensure that the name of the conference & participant are stated on the form.

Credit Card: Visa Mastercard American Express

Total payment of: Euro _____ Card no.: _____

Cardholder Name (in BLOCK LETTERS): _____

ID number: _____ Card Exp. Date: ____ / ____

Signature: _____ Date: _____

Cancellations Policy: Cancellations must be submitted in writing only. Applicants may cancel their accommodation/tours up to January 7th, 2010. Cancellations are subject to processing fee of 30% from any of the fees specified above. No refunds will be issued to cancellations after January 7th, 2010.

Organized and Produced by:



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