



Registration 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@bioforum.co.il
Registration is also available through the Conference website: www.isranalytica.org.il

I wish to participate in ISRAANALYTICA 2010

Title: Professor Doctor Mr. Mrs. Ms.

First & Middle Name: _____ Family Name: _____

Company/organization: _____

Department: _____

Mailing address: _____ Country: _____ Postal code: _____

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

Fax no.: _____ E-mail: _____

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

Category	Registration Fees (Euro)
Full Participant	[] 170 Euro
Accompanying person	[] 40 Euro
Gala Dinner: 19 January 2010	[] 60 Euro
CITAC Workshop: 21 January 2010	[] 190 Euro

Fees for participants include: participation in all sessions, entrance to the 2008 Exhibition, coffee breaks, lunch, Get - Together reception and Conference printed material.

Fees for Accompanying Person (Spouse) include: Get Together Reception

The Get – together reception will take place on Monday, the 18th of January 2010 at 19:00

The Gala Dinner will take place on Tuesday, the 19th of January 2010 at 19:00

Gala Dinner: Supplement for a Gala Dinner (optional) [] 55 Euro [] 60 Euro **Total Pax** _____

PAYMENT METHOD

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 the bank transfer and ensure that the name of the conference & participant are stated on the form.

I pay with a credit card: [] Visa [] Mastercard [] American Express

Total payment of: Euro _____ Card no.: _____

Cardholder Name (in BLOCK LETTERS): _____

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

Signature: _____ Date: _____

All Bank Charges to be paid by Participants

Cancellations: Applicants may cancel their registration 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.

Cancellations must be submitted in writing only.

Organized and Produced by:



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