



Accommodation Form

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: daniela@bioforum.co.il
On line registration available at: www.isranalytica.org.il

First & Middle Name: _____ **Last Name:** _____

Mailing address: _____ **Country:** _____ **Postal code:** _____

Mobile Telephone no.: _____ **Work Telephone no.:** _____

Fax no.: _____ **E-mail:** _____

Single room

Double room **Accompanying Person (Spouse) First Name** _____
Last Name _____

Rates are quoted per room, per night, including breakfast and service charges .

Hotel	Category	Single Room (\$)	Double Room (\$)	Check in Date	Check Out Date
<input type="checkbox"/> David Intercontinent	Standart	290	315		
<input type="checkbox"/> Dan Panorama	Deluxe	230	270		
<input type="checkbox"/> Orchid	Superior	210	235		
<input type="checkbox"/> Art	Standart	165	180		
<input type="checkbox"/> Metropolitan	Standart	155	175		

Total number of nights: _____ **nights**

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

Total payment to be made: _____ \$

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

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

Account No: 0577720 **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: Dollars _____ Card no.: _____

Cardholder Full Name (in BLOCK LETTERS): _____

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

Check (Israeli Participants only) to the sum of: _____ Dollars, made to: Bioforum- Applied Knowledge Center

Signature: _____ **Date:** _____

Cancellations Policy: Cancellations must be submitted in writing only. Applicants may cancel their accommodation/tours up to December 1st, 2011. Cancellations are subject to processing fee of 30% from any of the fees specified above. No refunds will be issued to cancellations after December 1st, 2011.

Organized and Produced by:



www.isranalytica.org.il

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