



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

First & Middle Name: _____ Last Name: _____

Mailing address: _____ Country: _____ Postal code: _____

Home 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	250	270		
<input type="checkbox"/> Dan Panorama	Deluxe	199	234		
<input type="checkbox"/> Orchid	Superior	190	210		
<input type="checkbox"/> Art	Standart	155	175		
<input type="checkbox"/> Metropolitan	Standart	125	155		

Total number of nights: _____ nights

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

- Tour A, Jerusalem-new city, 75\$ Tour B, Ceasara/Nazareth/Tiberias, 75\$
 Tour C, Massada/Dead Sea, 75\$ Tour D, Jerusalem-old city, 75\$

Tour rates are quoted per person and are based on minimum of 10 participants.

In order to secure services for accommodation and optional tours, 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: 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 confrence & participant are stated on the form.

Credit Card: Visa Mastercard American Express

Total payment of: Dollars _____ 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, 2011. 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, 2011.

Organized and Produced by:



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