

## 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 :972-8-9313078 Email: [reutl@bioforum.co.il](mailto:reutl@bioforum.co.il)  
Registration by credit card is also available through the Conference website: [www.isranalytica.org.il](http://www.isranalytica.org.il)

Title (Prof./ Dr./ Mr./ Mrs./ or other) \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Company /organization: \_\_\_\_\_ Position: \_\_\_\_\_

Name to appear on invoice: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Country: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

**Single room**

**Double room**

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"/> <b>David Intercontinental</b>	Standard	280	300		
<input type="checkbox"/> <b>Dan Panorama</b>	Deluxe	265	310		
<input type="checkbox"/> <b>The Savoi</b>	Standard	200	240		
<input type="checkbox"/> <b>Mercure</b>	Standard	195	235		
<input type="checkbox"/> <b>Metropolitan</b>	Superior	190	220		

**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).

**Payment via bank transfer:**

Bank Transfer of \_\_\_\_\_ USD, **Account Name:** BioForum - Applied Knowledge Center Ltd.

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

**IBAN No:** IL22-0125-2900-0000-0577-720 **Swift Code:** poalilit

**All bank charges to be paid by participants, please send a fax or email with a copy of the bank's transaction conformation.**

**Payment via Credit card:**  Visa  Isracard  Mastercard

Total payment of: \_\_\_\_\_ US \$ , Card no.: \_\_\_\_\_

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

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

**Cancellations Policy:** Cancellations must be submitted in writing only. Applicants may cancel their accommodation/tours up to December 15, 2018. Cancellations are subject to processing fee of 30% from any of the fees specified above. No refunds will be issued to cancellations after December 15, 2018.

**Organized and Produced by:**