

Accommodation Form

<p> <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. </p> <p>SURNAME (please underline)</p> <p>_____</p> <p>FIRST NAME</p> <p>_____</p> <p>University / Institute / Company</p> <p>_____</p> <p> <input type="checkbox"/> Home Address <input type="checkbox"/> Work Address </p> <p>Street, No</p> <p>_____</p> <p>P.O. Box Postal /Zip Code</p> <p>_____ _____</p> <p>Telephone (office)</p> <p>_____</p> <p>Fax</p> <p>_____</p>	<p style="text-align: center;"> Please return before September 22, 2014 by fax: + 972.2.534.3959 or email: efrat@yadha8.co.il </p>
<p>Department</p> <p>_____</p> <p>City</p> <p>_____</p> <p>Country</p> <p>_____</p> <p>Telephone (home)</p> <p>_____</p> <p>Email</p> <p>_____</p>	

Hotel Reservation

All rates are per room and per night on full board basis. Early reservation is highly recommended.

Single Room	Double Room *	Date of Arrival:	_____
<input type="checkbox"/> US\$ 145	<input type="checkbox"/> US\$ 180	Date of Departure:	_____
		Number of Nights:	_____

Israeli participants must add VAT = 18% _____

Total US\$ _____

* I will share a room with: Surname/First Name _____

* **Double Room:** If sharing a room, both guests should fill in the accommodation form separately and submit two forms together. Each guest will be charged with US\$ 90.

