

## Random Matrices and Integrability in Complex and Quantum Systems

Research Workshop of the Israel Science Foundation October 25–30, 2023

## **Hotel Accommodation Form**

□ Prof. □ Dr. □	Mr. 🛛	Ms.					
SURNAME (please underline)				Please return <b>before</b> midnight (Jerusalem Time) September 24, 2023			
				To: efrat@yadha8.co.il and			
				CC: random.matrices@gmail.com			
FIRST NAME						2.534.3959	
l		I	To s	beed up a cl sca	heck-in proc nned passp		se send a
Home Address Work Address				To: random.matrices@gmail.com			
Street, No			City				
I			I				I
P.O. Box Post	al /Zip Cod	e	Count	ry			
II I		I	I				I
Telephone (office)			Telent	one (home	<b>`</b>		
			-	Telephone (home)			
		I					I
Fax l		I	Email				
		•					
Hotel Reservation							
Check-in tir	me: <b>15:00</b>	Check-c	out time: S	at-to-Thu :	<mark>12:00</mark> ; Frid	ay: <b>11:00</b>	
Overnight	October	October	October	October	October	October	October
stay	24/25	25/26	26/27	27/28	28/29	29/30	30/31
Mark with ✓ required nights							
	BB						BB
Indicate board type*	НВ	FB	FB	FB	FB	FB	НВ
	FB						FB
Mark with 🗸							

## LOG S Hotel in Yad HaShmona

		continued)			
PRICE LIST		ROOM SHARING			
Single Room	Double Room	Double Room can be shared between two participants. In this case, both interested			
		participants in this case, both interested participants should separately fill in the Hotel			
FB USD 260 HB* USD 230	<b>FB</b> USD 290 <b>HB*</b> USD 260	Accommodation Form and specify – in each form			
BB* USD 230	BB* USD 200	– the name of a mutually agreed roommate			
<b>DD</b> 03D 180	<b>BB</b> 03D 200	below:			
* HB & BB are for Oc		name of mutually agreed roommate			
onl Israeli partisipants	ly. must add VAT = 17%				
		Each guest will be charged 1/2 of applicable rate.			
HOTEL CANCELLATIO	N POLICY				
	ou authorize <b>Yad Hashmona</b> prior to your arrival for the ser	<b>Hotel</b> to charge the below credit card for the balance of rvices ordered.			
•	to 15 days before arrival: full ys or less prior to arrival: can	refund. cellation charge as specified below.			
Cancellation charges:		SD 180 × (number of nights)			
	_	SD 200 × (number of nights)			
	Shared double ro	oom: USD 100 × (number of nights) per guest.			
	ges must be submitted to Yad htrices@gmail.com. Fax optio	d Hashmona Hotel by mail efrat@yadha8.co.il and carbon n: + 972.2.534.3959.			
Payment					
	hop budget; please contact u	e Yad Hashmona Hotel is not fully covered from the as at random.matrices@gmail.com if your have any			
🗌 Visa 🗌 Ma	sterCard 🗌 American Ex	opress 🗌 Diners			
No:   _		Expiration (MM/YY):			
CVC Code:	Number of intere	st-free payments:  one  two			
Name as shown on	Card:	st-free payments:  one two			
Name as shown on		st-free payments:  one two Nationality:			
Name as shown on Passport No:	Card:  (ID Number for Israeli citizens)	st-free payments:  one two Nationality:			
Name as shown on Passport No:   Comments:	Card:	st-free payments:  one two Nationality:			
Name as shown on Passport No:   Comments:	Card:	st-free payments:  one two Nationality:			