Accommodation Form

☐ **Prof.** ☐ **Dr.** ☐ **Mr.** ☐ **Ms.**

Please return before **February 15, 2009** by Fax: + **972.2.534.3959** or by snail mail to:

SURNAME (please underline)

|_____|

FIRST NAME

|_____|

**Yad Hashmona Guest House
D. N. Harei Yehuda 90895
Israel**

University / Institute / Company

|_____|

Department

|_____|

☐ **Home Address** ☐ **Work Address**

Street, No

|_____|

City

|_____|

P.O. Box

|_____|

Postal /Zip Code

|_____|

Country

|_____|

Telephone (office)

|_____|

Telephone (home)

|_____|

Fax

|_____|

Email

|_____|

Hotel Reservation

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

Single Room	Double Room *
☐ US$ 118	☐ US$ 166

Date of Arrival: |_____|

Date of Departure: |_____|

Number of Nights: |_____|

Israeli participants must add VAT = 15.5% |_____|

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$ 83.

Accommodation Form (continued…)

Hotel Cancellation Charges

With your signature you authorize **Yad Hashmona Guest House** to charge the below credit card for the balance of your account 3 days prior to your arrival for the services ordered.

Room cancelled prior to 15 days before arrival: full refund.
Room cancelled 14 days or less prior to arrival: cancellation charge as specified below.

Cancellation charges: **Single room**: US$ 98 × (number of nights)
Double room: US$ 126 × (number of nights)
Shared double room: US$ 63 × (number of nights) per guest.

Cancellations or changes must be received in writing to **Yad Hashmona Guest House** by fax. Please send a copy of cancellation request to the Workshop Secretariat by email: random.matrices@gmail.com

Payment

CREDIT CARD: ☐ **Visa**   ☐ **MasterCard**   ☐ **American Express**   ☐ **Diners**

No: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| **Date of Expiration:** |__|__|__|

CVV2 Code: |__|__|__| **Number of interest-free payments:**   ☐ **one**   ☐ **two**

(please mark with ✕)

Name as shown on Card: |_____|

Passport No: |_____| **Nationality:** |_____|
(ID Number for Israeli participants)

Comments: _____

_____

Date: |_____| **Signature:** |_____|