

BIOMED ISRAEL 2006 CONFERENCE
Jerusalem, Israel, May 29-31, 2006

REGISTRATION FORM FOR FOREIGN PARTICIPANTS

Please PRINT in BLOCK LETTERS and FAX, Email or AIRMAIL to:

KENES *International*
CARES FOR YOUR ORGANIZATION

Biomed Israel 2006
P.O. Box 56
Ben Gurion Airport 70100
Israel

Tel: +972 3 972 7500 Fax: +972 3 972 7555 E-mail: reg_biomed@kenes.com

Identification

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

_____ Initials
Family Name

First name

Title Prof. Dr. Mr. Mrs. Ms.

Mailing Address Office Residence

_____ Dept.
Institute

_____ Suite/Apt.
No. Street

_____ Postal code
City State/Province Country

_____ Fax: Country code/city code/number
Telephone (office hours):Country code/city code/number

E- Mail Address

Registration Fees

	PRE REGISTRATION	ON-SITE REGISTRATION
Full Participant	<input type="checkbox"/> US\$ 200	<input type="checkbox"/> US\$ 236
Daily Participant (per day)	<input type="checkbox"/> US\$ 100	<input type="checkbox"/> US\$ 110
<input type="checkbox"/> Monday, May 29, 2006		
<input type="checkbox"/> Tuesday, May 30, 2006		
<input type="checkbox"/> Wednesday, May 31, 2006		

Last Name _____

ACCOMMODATION:

Please indicate Hotel preference:

Hotel	Single room	Double room
Crowne Plaza Jerusalem Hotel	<input type="checkbox"/> USD 115	<input type="checkbox"/> USD 136
Renaissance Hotel	<input type="checkbox"/> USD 106	<input type="checkbox"/> USD 120

Check In _____

Check out _____

Total night/s _____

* I will share my accommodation with: _____

Payment

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send your fully completed registration and accommodation form together with your payment:

Registration Fees : USD _____

Deposit for Hotel Accommodation : USD _____ (deposit of USD 100 per room)

Total: USD _____

Option 1: Credit Card .

Visa MasterCard Diners AMEX

Number _____

Expiry Date (month/year) _____

Name as shown on card:

Family Name

First name

Signature _____

Date (day/month/year) _____

Passport number _____

Option 2: Bank Transfer - with your name and address indicated on the reverse. If payment is made for more than one person or by a company please make sure all names are indicated and send fully completed registration and accommodation forms together with a copy of the bank transfer. Please make drafts payable to: Biomed 2006, Bank Leumi, Branch: Asakim Alonim 654 Tel Aviv, Account Number \$ 56281/59. Bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.

Option 3: Cheque made payable to: "BIOMED 2006"

Enclosed cheque number: _____ Bank : _____

ACCOMMODATION CANCELLATION POLICY

Rooms cancelled prior to 60 days before arrival: full refund, less bank charges

Rooms cancelled between 59-15 days prior to arrival: US\$ 100 cancellation charge

Rooms cancelled less than 14 days prior to arrival: no refund

Cancellations or changes must be received in writing to Kenes International (either by fax or email) In the event of non-arrival, the Hotel will automatically release the reservation, and full payment will be non-refundable.

If you arrive later or leave earlier than on the dates indicated on your reservation form, the total accommodation amount will be charged and no refunds will be made.

Date _____

Signature _____

By signing this form you authorize KENES INTERNATIONAL to charge the above credit card for registraton services requested.