

3rd ACRP Israeli National Conference
29 May 2006

ICC Jerusalem International Convention Center, Jerusalem

REGISTRATION FORM

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)

Family Name Initials First Name

Title Prof. Dr. Mr. Mrs. Ms.

Mailing Address Office Residence

Institute Dept.

No. Street Suite/Apt.

City State/Province Country Postal code

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

E- Mail Address

Registration Fees

ACRP Member	Non Member
<input type="checkbox"/> NIS 450	<input type="checkbox"/> NIS 500

* Prices including 16.5% VAT.

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 : NIS _____

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 NIS 15281-68. 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 : _____

Date _____ Signature _____

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