

**BIO-TECH ISRAEL 2005 CONFERENCE**  
**David Inter-Continental Tel Aviv, Israel, May 24-26, 2005**

**REGISTRATION FORM**

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

**KENES** *International*  
**CARES FOR YOUR ORGANIZATION**

Biotech Israel 2005  
 P.O. Box 56  
 Ben Gurion Airport 70100  
 Israel  
 Tel: +972 3 972 7500 Fax: +972 3 972 7555 E-mail: reg\_biotech@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**

	<b>PRE REGISTRATION</b>	<b>ON-SITE REGISTRATION</b>
Full Participant	<input type="checkbox"/> US\$ 145	<input type="checkbox"/> US\$ 160
Daily Participant (per day)	<input type="checkbox"/> US\$ 75	<input type="checkbox"/> US\$ 85

**Please select the preferred date/s for daily participation:**

<input type="checkbox"/> Tuesday, May 24, 2005
<input type="checkbox"/> Wednesday, May 25, 2005
<input type="checkbox"/> Thursday, May 26, 2005

**ACCOMMODATION:**

Please indicate Hotel preference:

Hotel	Category	Single room	Double room
Dan Panorama	Superior First Class	<input type="checkbox"/> USD 115	<input type="checkbox"/> USD 120
David Intercontinental	Deluxe	<input type="checkbox"/> USD 175	<input type="checkbox"/> USD 195

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)

**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: Biotech 2005, Bank Leumi, Branch: Asakim Alonim 654 Tel Aviv, Account Number \$ 56271/62. 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: "BIOTECH 2005"**

Enclosed cheque number: \_\_\_\_\_ Bank : \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

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