



Last Name \_\_\_\_\_

Mosaic of Autoimmunity 2008

**ACCOMMODATION:**

Hotel	Category	Single room	Double room	Distance to Venue
Hilton	*****	<input type="checkbox"/> \$ 265	<input type="checkbox"/> \$ 275	30 minutes
Kfar Maccabiah	****	<input type="checkbox"/> \$ 130	<input type="checkbox"/> \$ 140	Meeting Venue

All rates are per room, per night and include VAT and breakfast. Early reservation is highly recommended!

**RESERVATION:**

Reservations will only be confirmed if credit card details are fully supplied; alternatively, please forward a deposit of 1 night's accommodation per room in order to guarantee your accommodation. Each participant will receive an individual confirmation, indicating the name and address of the hotel. The booking will be final upon receipt of the corresponding deposit.

Type of room required  Single  Double\*  Other

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 Fee USD \_\_\_\_\_

Deposit for Hotel Accommodation USD \_\_\_\_\_ (deposit of 1 night's accommodation)

Total: USD \_\_\_\_\_

**Option 1: Credit Card**

Visa  MasterCard  Diners  Amex

Number \_\_\_\_\_

Expiry Date (month/year) \_\_\_\_\_

Name as shown on card:

Family Name: \_\_\_\_\_ First name: \_\_\_\_\_

**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 "Mosaic of Autoimmunity 2008", Bank Account - Bank Leumi Le-Israel B.M, 654 Business - Alonim Branch, Toyota Building, 65 Igal Alon St., Tel-Aviv. Swift No: LUMIILITXXX, BIC No: 010654, Bank Account: 56288/45.

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 "Mosaic of Autoimmunity 2008"**

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

**CANCELLATION POLICY - REGISTRATION**

All changes or cancellations have to be made in writing to Kenes International.  
Cancellation received by January 11, 2008 - full refund less \$50 handling fee.  
Cancellation received after January 12, 2008 - no refund.

**CANCELLATION POLICY - HOTEL ACCOMMODATION**

All changes or cancellations have to be made in writing to Kenes International. Please do not contact the hotel directly.  
Until 30 days prior to arrival (up to January 10th, 2008): full refund less handling charge of \$ 30.  
Between 30-15 days prior to arrival (up to January 26th, 2008): 50% cancellation fee.  
Cancellations received from January 27th, 2008 - No refund.  
  
**In the event of non-arrival, the hotel will automatically release the reservation and all payments will be non-refundable.**

By signing this form you authorize KENES INTERNATIONAL to charge the above credit card for the balance of your account three weeks prior to your arrival for services ordered.

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