

**13TH INTERNATIONAL CONGRESS OF THE
INTERNATIONAL SOCIETY OF BIOENGINEERING AND SKIN**



Jerusalem, Israel, March 27– 31, 2000

REGISTRATION FORM

(Please complete the form below, in clear CAPITAL LETTERS, and return to:

Ortra Ltd., PO Box 9352, Tel Aviv, 61092 Israel, Fax: 972-3-6384455

Title: Prof. Dr. Mr. Mrs. Ms.
 Family Name: First Name
 Affiliation: _____
 Address: _____

Country: _____ Zip/Code: _____
 Tel: _____ Fax: _____ E-Mail: _____

Accompanying Persons

Family Name: _____ First Name _____
 Family Name: _____ First Name _____

Registration Fees:

	BEFORE JANUARY 15, 2000	AFTER JANUARY 16, 2000
Participant:		
ISBS Member	\$410	\$460
Non Member	\$450	\$500
Accompanying Person	\$180	\$220
Gala Dinner (optional)	\$ 60	\$ 60

Attached is payment in the amount of US \$ _____ made out to Ortra Ltd. by:

- Bank Draft** # _____
 - Bank transfer** to account #142-47233, Bank Hapoalim, Branch 554, Namir Square, Tel Aviv. Copy of bank transfer document enclosed.
 - Eurocheque** # (in the currency of the issuing country).
 - Please charge my
 - Mastercard/Eurocard** **Visa** **American Express** **Diners**
- Card # _____ Expiry Date: _____

Signature _____ Date _____

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TOURIST SERVICES FORM

(Please complete the form below, in clear CAPITAL LETTERS, and return to:

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Title: Prof. Dr. Mr. Mrs. Ms.
 Family Name: First Name
 Affiliation: _____
 Address: _____

Country: _____ Zip/Code: _____
 Tel: _____ Fax: _____ E-Mail: _____

Accompanying Persons

Family Name: _____ First Name _____
 Family Name: _____ First Name _____

Please Make The Following Reservations:

1. Daily Accommodation

- Please reserve a: Double room Single room at:
 - Crowne Plaza Jerusalem
 - Mercure – Jerusalem Gate

From: _____ To: _____ Total no. of nights: _____

2. Congress Packages

- Please reserve a: Double room Single room at:
 - Crowne Plaza Jerusalem
 - Mercure – Jerusalem Gate

for the designated packages below:

- i. Basic Package** (March 26-March 31, 2000)
- iii. Pre-Tour to Jordan** (March 22-26, 2000)
- iv. post-Tour to Dead Sea** (March 31-April 1, 2000)
- v. post- tour to Dead Sea & Galilee** (March 31-April 4, 2000)

3. Transfers*

- I require a transfer from Ben Gurion International Airport. I am scheduled to arrive on:
 Date _____ Flight # _____ From _____ Time _____
- I shall inform you of flight details at a later date, but no later than one week prior to arrival.

Attached is payment made out to **Ortra Ltd.** in the amount of US \$ _____ by:

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 - Bank Transfer** to account #142-47233, Bank Hapoalim Branch 554, Namir Square, Tel Aviv. Copy of bank transfer enclosed
 - Eurocheque** # _____ (in the currency of the issuing country only)
 - Please charge my **Mastercard/Eurocard** **Visa** **American Express** **Diners**
- Card # _____ Expiry Date _____

Signature _____ Date _____