

15TH INTERNATIONAL SYMPOSIUM ON CONTACT DERMATITIS (ISCD)
in conjunction with
5th INTERNATIONAL SYMPOSIUM ON IRRITANT CONTACT DERMATITIS
Elysium Beach Resort, Paphos, Cyprus, November 6 – 9, 2005

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; e-mail: conderm@ortra.com
Online form is available on the Symposium website www.ortra.com/conderm

Title: Prof. Dr. Mr. Mrs. Ms.

Surname: _____ First Name: _____

Affiliation: _____

Street Address: Institution Home _____

_____ City: _____

Country: _____ Zip/Code: _____

Tel: _____ Fax: _____ E-Mail: _____

Accompanying Persons:

Surname: _____ First Name: _____

Surname: _____ First Name: _____

Registration Fees:

Fees in Euro (€)	Early Registration Until August 1, 2005	Late Registration From August 2, 2005
Participant	<input type="checkbox"/> € 370	<input type="checkbox"/> € 420
Residents ¹	<input type="checkbox"/> € 250	<input type="checkbox"/> € 300
Accompanying Person	<input type="checkbox"/> € 190	<input type="checkbox"/> € 230
Pre-Symposium Contact Dermatitis Course on November 6, 2005	Dermatologists <input type="checkbox"/> € 100	<input type="checkbox"/> € 120
	Residents <input type="checkbox"/> € 50	<input type="checkbox"/> € 70
Tavern Evening (Optional) ² on Monday, November 7, 2005	<input type="checkbox"/> € 40	<input type="checkbox"/> € 40

¹Resident up to 35 years old with a letter from the head of the department confirming his/her status.

²Including transportation

Payment:

Attached is payment in the amount of Euro (€) _____ made out to Ortra Ltd. by:

Bank Draft # _____

Bank transfer to account # 142-472330, Bank Hapoalim (swift code poalilit), Branch 780, Itzhak Sade St., Tel-Aviv, Israel. Copy of bank transfer document enclosed.

Please charge my Mastercard/Eurocard Visa American Express Diners

Card # _____ Expiry date _____

Credit card owner: _____

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.

Surname: _____ First Name: _____

Affiliation: _____

Address: Institution Home _____

_____ City: _____

Country: _____ Zip/Code: _____

Tel: _____ Fax: _____ E-Mail: _____

Accompanying Persons:

Surname: _____ First Name: _____

Surname: _____ First Name: _____

Please make the following reservations:

A. AIRPORT TRANSFERS ON SATURDAY OR SUNDAY, NOVEMBER 5-6:

- I require a transfer to the Elysium Beach hotel from: Larnaca Airport at cost of € 53 per person
 Paphos Airport at cost of € 22 per person.

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.

B. DAILY ACCOMMODATION RATES:

Dates: From _____ To: _____ Total # of Nights: _____

Elysium Beach Resort € 92 Per person in a double room € 123 Per person in a single room

C. POST-SYMPOSIUM TOURS:

	Tour Name and Dates	Per person in a double room	Per person in a single room
D.1.	POST SYMPOSIUM JEEP SAFARI TOUR TO THE AKAMAS PENINSULA, Thursday, November 10, 2005	<input type="checkbox"/> € 136	<input type="checkbox"/> € 167
D.2.	POST SYMPOSIUM TWO-DAY TOUR: JEEP SAFARI TO AKAMAS PENINSULA AND MOUNTAIN VILLAGES, Thursday-Friday, November 10-11, 2005	<input type="checkbox"/> € 227	<input type="checkbox"/> € 274
D.3.	POST SYMPOSIUM THREE-DAY TOUR: JEEP SAFARI TO AKAMAS PENINSULA, MOUNTAIN VILLAGES, LEFKARA VILLAGE AND NICOSIA, Thursday-Saturday, November 10-12, 2005	<input type="checkbox"/> € 330	<input type="checkbox"/> € 397

D. PAYMENT:

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

Bank Draft # _____

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