

REGISTRATION FORM

Please complete this form in clear CAPITAL LETTERS and return to:
Ortra Ltd. E-mail: comcas@ortra.com | Fax: +972-3-6384455

PERSONAL DETAILS

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

Last Name: _____ First Name: _____

Position: _____

Affiliation: _____

Business Address: _____

City: _____ Country: _____ Zip/Code: _____

Tel: _____ Mobile: _____ Fax: _____

E-mail: _____ @ _____ Passport #: _____

Accompanying Person (optional)

Last Name: _____ First Name: _____ Passport #: _____

Please note that your personal details will be used by the Organizing Committee and Ortra for sending further updates on the COMCAS and other related conferences and exhibitions.

Not interested

Please note that your cell phone number may be used by the Organizing Committee and Ortra for sending further updates on the conference via SMS.

I am not interested in receiving updates as specified above.

IEEE/IET/GAAS/EuMA Membership #: _____

REGISTRATION FEES

	Early Bird Registration Paid by Sept 30, 2015	Advanced Registration Paid between Oct 1- Oct 25, 2015	Late Registration Paid from October 26, 2015
Participant	<input type="checkbox"/> US\$ 555	<input type="checkbox"/> US\$ 665	<input type="checkbox"/> US\$ 755
IEEE, IET, GAAS and EuMA Members¹	<input type="checkbox"/> US\$ 500	<input type="checkbox"/> US\$ 600	<input type="checkbox"/> US\$ 680
Student²	<input type="checkbox"/> US\$ 250	<input type="checkbox"/> US\$ 300	<input type="checkbox"/> US\$ 350

¹Upon presentation of a valid membership card

²Student of up to Masters Degree and subject to receipt of letter from the institute confirming full-time student status

Registration Fees Include

Participants and Members

- Participation in the 3-days conference program
- Conference Program
- Conference USB Device
- Conference Kit
- 3 Lunches & Refreshments
- Welcome Reception on Monday, November 2, 2015

Students

- Participation in the 3-days conference program
- Conference Program
- Conference USB Device
- Conference Kit
- 3 Lunches & Refreshments

ACCOMMODATION

Hotel	Distance to Venue	Category	Room Type	Single Room	Double Room
David Intercontinental*	Venue	5* DLX	Classic	<input type="checkbox"/> US\$ 320	<input type="checkbox"/> US\$ 340
Dan Panorama**	Adjacent	5*	Deluxe	<input type="checkbox"/> US\$ 237	<input type="checkbox"/> US\$ 248
Dan Panorama***	Adjacent	5*	Deluxe	<input type="checkbox"/> US\$ 220	<input type="checkbox"/> US\$ 226
Savoy Tel Aviv	10 minutes walking	4* DLX	Standard	<input type="checkbox"/> US\$ 185	<input type="checkbox"/> US\$ 220
Mercure Tel Aviv	15 minutes walking	4* DLX	Standard	<input type="checkbox"/> US\$ 170	<input type="checkbox"/> US\$ 190

Rates are per room, per night, on Bed and Breakfast basis

* The David InterContinental Hotel rates are valid for a middle week minimum stay of 2 nights

** The Dan Panorama Hotel rates are valid for a minimum stay of 3 nights

*** The Dan Panorama Hotel rates are valid for a minimum stay of 7 nights

Check in: _____ Check out: _____ Total # of Nights: _____

Comments: _____

CANCELLATION INSURANCE

For an additional fee of \$50 per registrant, you can choose an enhanced cancellation/refund option, allowing you to cancel your accommodation reservation for any reason up to 12 noon Israel time (GMT +2) on Oct 28, 2015, and receive a full refund of your accommodation payments (excluding optional items). If you choose this option, the additional \$50 fee is non-refundable and must be paid within 7 days from the date of reservation and no later than Oct 1, 2015. Note that even under this enhanced cancellation/refund option, you will need to give written notification of cancellation to: Ortra Ltd., at comcas@ieee.com by 12 noon Israel time (GMT +2) on Oct 28, 2015, in order to be eligible for the refund. To choose this option, place a check next to this option on the registration form and the \$50 fee will be added to your total charges.

Interested

AIRPORT TRANSFERS _____

Private transfer with Airport Assistance **from Ben Gurion Airport to my hotel** at cost of US\$ 110 (up to 2 persons)

Private transfer with VIP Service **from Ben Gurion Airport to my hotel** at cost of US\$ 200 (up to 2 persons)

Private transfer **from my hotel to Ben Gurion Airport** at cost of US\$ 85 (up to 2 persons)

I am scheduled to **arrive** on: Date: _____ Flight Number: _____ from: _____ Time: _____

I am scheduled to **depart** on: Date: _____ Flight Number: _____ from: _____ Time: _____

I shall inform you of flight details at a later date, but no later than one week prior to arrival

Comments: _____

PRE & POST TOURS (full day, including lunch)

Caesarea, Haifa, Acre, Sea of Galilee, Dead Sea, Massada & Jerusalem – Oct 29 – Nov 1, US\$ 1100 p.p. # of participants: _____

Dead Sea, Massada & Jerusalem – Oct 31 – Nov 1, US\$ 450 p.p. # of participants: _____

Jerusalem Tour - Old and New City – Nov 1, US\$ 190 p.p. # of participants: _____

Caesarea, Haifa, Acre, Safed, Sea of Galilee - Nov 5-7, US\$ 640 p.p. # of participants: _____



Jerusalem, Dead Sea & Massada - Nov 5-6, US\$ 825 p.p. # of participants: _____

Eilat – Nov 6-8, , US\$ 1,110 p.p. # of participants: _____

Comments: _____

PAYMENT

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

Credit Card: MasterCard Visa American Express

Card #: _____ Expiry date: _____

CVV: _____ Credit card owner: _____

Bank transfer to Leumi Bank, branch no. 616, 9 Hashlosa Street, Tel Aviv, Israel. Account #: 95100/90, Swift code: **LUMIILITLV**, IBAN #: **IL68-0106-1600-0000-9510-090**. Copy of bank transfer document enclosed.

Bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.

Bank Draft #: _____

Signature: _____ Date: _____