

IMAGO IN ISRAEL - 10TH ANNIVERSARY

“Celebrating the Dream”

Kibbutz Shefayim Hotel, July 28-31, 2003



The Israeli Association for Marital and Family
Therapy and Family Life Education

REGISTRATION AND TOURIST SERVICES 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: imago@ortra.co.il)

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

Surname: _____ First Name: _____

Affiliation: _____

Address: Institution Home _____

_____ City: _____

Country: _____ Zip/Code: _____

Tel: _____ Fax: _____ E-Mail: _____

Registration Fees:

	Early Registration Until June 30	Late Registration From July 1
Pre-Conference Workshop #1	<input type="checkbox"/> US\$ 500	<input type="checkbox"/> US\$ 550
Pre-Conference Workshop <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5	<input type="checkbox"/> US\$ 150	<input type="checkbox"/> US\$ 170
Conference Participation	<input type="checkbox"/> US\$ 200	<input type="checkbox"/> US\$ 220
“Celebrating the Dream”, July 30 (Optional)	<input type="checkbox"/> US\$ 20	<input type="checkbox"/> US\$ 25

Please make the following reservations:

DAILY ACCOMMODATION RATES

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

	*Per person in a double room	Per person in a single room
Kibbutz Shefayim Hotel	<input type="checkbox"/> US\$ 37	<input type="checkbox"/> US\$ 61

Payment:

Attached is payment in the amount of US \$ _____ 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 _____