



# FIRST INTERNATIONAL MAIMONIDES CONFERENCE ON MEDICINE AND ETHICS

**Commemorating 800 Years Since the Passing of Maimonides  
and His Burial in Tiberias**

Tiberias, Israel, March 20 – 24, 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: maimonides@ortra.com)*

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: \_\_\_\_\_

## **REGISTRATION FEES**

	<b>Early Registration until January 30, 2005</b>	<b>Late Registration From January 31, 2005</b>
<b>Participant Full Registration</b>	<input type="checkbox"/> US\$ 300	<input type="checkbox"/> US\$ 350
<b>Accompanying Person</b>	<input type="checkbox"/> US\$ 150	<input type="checkbox"/> US\$ 180

## **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 \_\_\_\_\_