



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

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: 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: _____

Please make the following reservations:

A. AIRPORT TRANSFERS

- I require a sharing transfer from Ben Gurion International Airport to the Sheraton Moriah Hotel, Tiberias at US\$50 per person.
- I require a private transfer from Ben Gurion International Airport to the Sheraton Moriah Hotel, Tiberias at US\$125 per car.
- 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 number of nights: _____

	Until January 30, 2005	From January 31, 2005
Per Person in a Double Room ¹	<input type="checkbox"/> US\$ 58	<input type="checkbox"/> US\$ 62
Per Person in a Single Room ²	<input type="checkbox"/> US\$ 102	<input type="checkbox"/> US\$ 107

REMARKS: _____

C. OPTIONAL POST-CONFERENCE TOURS ON THURSDAY, MARCH 23, 2005

Tour Name	# of People
<input type="checkbox"/> C.1. Post-Conference Tour to Safed, Amuka and Mount Meron at cost of US\$ 32 per person	# _____
<input type="checkbox"/> C.2. Post-Conference Tour to Golan Heights, Katzrin and Hammat Gader at cost of US\$ 64 per person	# _____
<input type="checkbox"/> C.3. Post-Conference Tour to Beit-Shean and the Old City of Jerusalem at cost of US\$ 43 per person	# _____

D. 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 _____