



November 6-7, 2008
Dan Panorama Hotel, Tel-Aviv, Israel

Israel Dental Association (IDA)

6-7 בנובמבר, 2008
מלון דן פנורמה, תל-אביב, ישראל

הסתדרות רופאי השיניים בישראל (הר"ש) ע.ר.

בשיתוף: האיגוד הרב-לאומי לטיפול תומך בסרטן / האיגוד הבינלאומי לאונקולוגיה של הפה
In Collaboration with Multinational Association of Supportive Care in Cancer / International Society of Oral Oncology

REGISTRATION FORM

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

Surname: _____ First Name: _____

Affiliation: _____

Address: Institution Home _____

City: _____

Country: _____ Zip/Code: _____

Tel: _____ Fax: _____

E-Mail: _____

Registration Fee:

	Early Registration Paid by October 11 th 2008	Late Registration Paid from October 12 th 2008
Participant	<input type="checkbox"/> €100	<input type="checkbox"/> €120
MASCC/ISOO Members	<input type="checkbox"/> €75	<input type="checkbox"/> €90
Postgraduate Students	<input type="checkbox"/> €75	<input type="checkbox"/> €90
Undergraduate Students	<input type="checkbox"/> €50	<input type="checkbox"/> €60

Daily Accommodation:

	Double Room*	Single Room
Dan Panorama Hotel Tel-Aviv	<input type="checkbox"/> 140 €	<input type="checkbox"/> 125 €

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

*Accompanying Person: Surname: _____ First Name: _____

Payment:

Attached is payment in the amount of € _____ 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: _____

Digits on the back of the card: _____

Signature: _____ Date: _____

Conference Secretariat: Ortra Ltd.

