

# THIRD EUROPEAN VERTEBRATE PEST MANAGEMENT CONFERENCE

*Kibbutz Ma'ale Hachamisha, Israel, September 9-14, 2001*

## 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: vert@ortra.co.il)

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

Family Name: \_\_\_\_\_ First Name \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail \_\_\_\_\_

### Accompanying Persons

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

### Registration Fees:

	<b>BEFORE July 20, 2001</b>	<b>AFTER July 21, 2001</b>
Participant	<input type="checkbox"/> US\$ 300	<input type="checkbox"/> US\$ 350
Accompanying Person	<input type="checkbox"/> US\$ 160	<input type="checkbox"/> US\$ 190

Night tour and Dinner in Jerusalem US\$ 60 no. of seats \_\_\_\_\_

Night Tour of historical Jaffa & modern Tel Aviv US\$ 70 no. of seats \_\_\_\_\_  
including Mediterranean Dinner

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

Bank Draft # \_\_\_\_\_

Bank transfer to account #142-47233, Bank Hapoalim, Branch 554, Namir Square, Tel Aviv. Copy of bank transfer document enclosed.

Eurocheque # \_\_\_\_\_ (in the currency of the issuing country).

Please charge my  Mastercard/Eurocard  Visa  American Express  Diners

Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_