

THE 9th CONFERENCE OF THE EUROPEAN COUNCIL FOR HIGH ABILITY (ECHA)

Pamplona, Spain, September 10-13, 2004



REGISTRATION FORM

Please complete the form below, in clear CAPITAL LETTERS, and return to:

Ortra Ltd., P. O. Box 9352, Tel Aviv, 61092 Israel, Fax: 972-3-6384455, email: echa@ortra.com

Online registration is available on the conference website www.ortra.com/echa

Title ☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

First Name _____ Middle Initial _____ Last Name _____

Affiliation _____

Address: ☐ Home ☐ Institution _____

City _____ Province/State _____ ZIP/Postal Code _____

Country _____

Telephone _____ Fax _____

Email _____

REGISTRATION:

Fees in Euro (€)	Early Registration Until June 20, 2004	Late Registration From June 21, 2004
Participant	<input type="checkbox"/> € 370	<input type="checkbox"/> € 420
Participant ECHA Member	<input type="checkbox"/> € 340	<input type="checkbox"/> € 390
Accompanying Person	<input type="checkbox"/> € 150	<input type="checkbox"/> € 170
Student	<input type="checkbox"/> € 160	<input type="checkbox"/> € 180
Gala Dinner at "Palacio Castillo De Gorraiz " (Optional) on Sunday, September 12, 2004	<input type="checkbox"/> € 65	<input type="checkbox"/> € 65
Visit to Bodegas Otazu, typical wine cellar including dinner (Optional) on Monday, September 13, 2004	<input type="checkbox"/> € 62	<input type="checkbox"/> € 62

Accompanying Persons' Details:

Title ☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

First Name _____ Middle Initial _____ Last Name _____

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Title ☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

First Name _____ Middle Initial _____ Last Name _____

PAYMENT

Attached is payment in the amount of Euro (€) _____ made out to Ortra Ltd. by:

☐ Bank Draft # _____

☐ Bank transfer to account # 142-472330, Bank Hapoalim, Branch 780, Itzhak Sade' Street,
Tel - Aviv, Israel. Copy of bank transfer document enclosed.

☐ Please charge my: ☐ MasterCard / Eurocard ☐ Visa ☐ American Express ☐ Diners

Name of card owner: _____

Card # _____ Expiry date _____

Signature: _____ Date: _____