

EILAT 2009

FIG Working Week

Surveyors Key Role in Accelerated Development

REGISTRATION FORM

Please complete this form in
CLEAR CAPITAL LETTERS
and return to Ortra Ltd.

P. O. Box 9352, Tel Aviv 61092, Israel
Fax: +972-3-6384455 E-mail: fig@ortra.com

DELEGATE CONTACT DETAILS:

Title Prof. Dr. Mr. Ms.

Surname _____ First Name _____

Company / Organization _____

Position _____

Address: _____

City _____ Country _____

Zip/Code _____ Tel _____

Fax _____ E-mail _____

I do NOT agree to have my contact details listed in the participants' list and forwarded to the WW sponsors

ACCOMPANYING PERSON DETAILS:

Surname _____ First Name _____

A. REGISTRATION TYPE:

	Early Registration Payment till 12 March 09	Late Registration Payment from 13 March 09
Delegate (3-8 May)	<input type="checkbox"/> \$ 690	<input type="checkbox"/> \$ 890
Daily Registration - 4 / 5 / 6 / 7 May <i>Please circle the chosen day</i>	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$ 375
Student (3-8 May)	<input type="checkbox"/> \$ 200	<input type="checkbox"/> \$ 200
Accompanying person	<input type="checkbox"/> \$ 350	<input type="checkbox"/> \$ 400
"History of Surveying" Workshop, Sunday 3 May	<input type="checkbox"/> \$ 130	<input type="checkbox"/> \$ 150

B. TECHNICAL TOURS: HALF DAY- PLEASE INDICATE THE REQUIRED DATE & QUANTITY FOR EACH TOUR

	Price PP	QTY.	Option 1	Option 2
Seismological Research Tunnel	\$ 20		<input type="checkbox"/> 5 May, afternoon	<input type="checkbox"/> 6 May, morning
Timna Copper Mines	\$ 20		<input type="checkbox"/> 6 May, afternoon	<input type="checkbox"/> 7 May, morning
International Boundaries	\$ 20		<input type="checkbox"/> 6 May, afternoon	-
City of Eilat	\$ 20		<input type="checkbox"/> 6 May, morning	<input type="checkbox"/> 7 May, morning

C. SOCIAL EVENTS (NOT INCLUDED IN THE REGISTRATION FEES):

FIG Foundation Dinner on Thurs 7 May, at 85 US\$ per person. Quantity of tickets: _____

D. VOLUNTARY DONATION:

Voluntary donation to the FIG Foundation: \$ 20 \$ 50 \$ 100 \$ 150

E. PAYMENT METHOD:

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

Bank check: name of bank _____ check no. _____

Bank transfer: to Ortra Ltd., account # 142-472330, Bank Hapoalim, Branch 780, Itzhak Sade St. Tel-Aviv, Israel. (Swift code poalilit / IBAN IL58-0127-8000-0000-0472-330)

Credit card: please charge my Mastercard / Eurocard Visa American Express Diners

Card # _____ Expiry date _____

Name of credit card owner _____

Signature _____ Date _____

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TOURIST SERVICES RESERVATION FORM

Please complete this form in
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P. O. Box 9352, Tel Aviv 61092, Israel
Fax: +972-3-6384455 E-mail: fig@ortra.com

DELEGATE CONTACT DETAILS:

Title Prof. Dr. Mr. Ms. Other

Surname _____ First Name _____

Company / Organization _____

Position _____

Address _____

City _____ Country _____

Zip/Code _____ Tel _____

Fax _____ E-mail _____

ACCOMPANYING PERSON DETAILS:

Surname _____ First Name _____

A. ACCOMMODATION: PRICES ARE PER NIGHT, INCLUDING FULL ISRAELI BREAKFAST BUFFET, SERVICE CHARGES & TAXES

	Double Room	Single Room
Dan Eilat Hotel - 5 stars deluxe, conference venue	<input type="checkbox"/> Standard: \$ 235 <input type="checkbox"/> Deluxe: \$ 275	<input type="checkbox"/> Standard: \$ 212 <input type="checkbox"/> Deluxe: \$ 252 <input type="checkbox"/> Alcove:* \$ 190 *small single room
Dan Panorama Hotel - 4 stars, 12 minutes walk	<input type="checkbox"/> Standard: \$ 146	<input type="checkbox"/> Standard: \$ 128
Astral Seaside Hotel (ex Galei Eilat) - 4 stars, 7 minutes walk	<input type="checkbox"/> Standard: \$ 160	<input type="checkbox"/> Standard: \$ 135
Astral Village - 3 stars, 10 minutes walk	<input type="checkbox"/> Standard: \$ 150	<input type="checkbox"/> Standard: \$ 130

Check-in date _____ Check-out date _____ Total # of nights: _____ Total in US\$ _____

B. PRE CONFERENCE TOURS:	Double Room **	Single Room
<input type="checkbox"/> Pre Tour I: Galilee, Jerusalem, Dead Sea, Massada, 29 April - 3 May	<input type="checkbox"/> \$ 1,440	<input type="checkbox"/> \$ 925
<input type="checkbox"/> Pre Tour II: Jerusalem, Dead Sea & Massada, Fri 1 May - Sun 3 May	<input type="checkbox"/> \$ 970	<input type="checkbox"/> \$ 605
<input type="checkbox"/> Pre Tours III: Dead Sea & Massada, Sat 2 May - Sun 3 May	<input type="checkbox"/> \$ 670	<input type="checkbox"/> \$ 395
C. POST CONFERENCE TOURS:		
<input type="checkbox"/> Post Tour I: Petra, Jordan, Sat 9 May 1 day, NOT including overnight on Sat 9 May	\$ 130 p.p. (not including border taxes & visa) Number of participants: _____	
<input type="checkbox"/> Post Tour II: Dead Sea & Massada, Jerusalem, Galilee, Haifa & Caesarea, Sat 9 May - Thur 14 May	<input type="checkbox"/> \$ 1,750	<input type="checkbox"/> \$ 1,160
<input type="checkbox"/> Post Tour III: Dead Sea & Massada, Jerusalem, 9 May - 11 May	<input type="checkbox"/> \$ 940	<input type="checkbox"/> \$ 590
<input type="checkbox"/> Post Tour IV: Dead Sea & Massada, Sat 9 May - Sun 10 May	<input type="checkbox"/> \$ 680	<input type="checkbox"/> \$ 400

** Please indicate name of the person with whom the room is shared, if other than the accompanying person:

D. PAYMENT METHOD: Attached is payment in the amount of _____ US\$, made out to Ortra Ltd, by:

Bank check: name of bank _____ check no. _____

Bank transfer: to Ortra Ltd., account # 142-472330, Bank Hapoalim, Branch 780, Itzhak Sade St., Tel-Aviv, Israel (Swift Code poalilit / IBAN IL58-0127-8000-0000-0472-330) *Enclosed is a copy of the bank transfer doc.

Credit card: please charge my Mastercard / Eurocard Visa American Express Diners
Card # _____ Expiry date _____

Name of card holder _____ Signature _____ Date _____