



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

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: maimonides@ortra.com)

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

Surname: _____ First Name: _____

Affiliation: _____

Address: Institution Home _____

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Country: _____ Zip/Code: _____

Tel: _____ Fax: _____ E-Mail: _____

Accompanying Persons:

Surname: _____ First Name: _____

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REGISTRATION FEES

	Early Registration until January 30, 2005	Late Registration From January 31, 2005
Participant Full Registration	<input type="checkbox"/> US\$ 300	<input type="checkbox"/> US\$ 350
Accompanying Person	<input type="checkbox"/> US\$ 150	<input type="checkbox"/> US\$ 180

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.

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