THE 3RD EUROPEAN PROJECT MANAGEMENT CONFERENCE

Renaissance Jerusalem Hotel, June 11-16, 2000

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)

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

Family Name: _____ First Name: _____

Affiliation: _____

Address: _____

City: _____ Country: _____ Zip/Code: _____

Tel: _____ Fax: _____

E-Mail: _____

*Please specify if you wish for a different name to be printed on your badge.

_____

Accompanying Persons

Family Name: _____ First Name _____

Family Name: _____ First Name _____

Registration Fees:

	UP TO April 1, 2000	***FROM April 2, 2000***
Participant	US$ 485	US$ 570
Participant (PMI Member*)	US$ 440	US$ 515
Presenter** (Oral or Poster)	US$ 270	US$ 570 (or US$ 515 if PMI Member)
Workshop (rate per day)	US$ 170	US$ 190
Accompanying Person	US$ 180	US$ 200
Tel Aviv-Jaffa Night Tour and Dinner	US$ 65	US$ 65

* Upon presentation of membership credentials. ** One per paper

❑ I would like to register for ❑ Workshop **1** ❑ Workshop **2** ❑ Workshop **3**
❑ Workshop **4** ❑ Workshop **5** ❑ *1st day* ❑ *2nd day*

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 _____

THE 3RD EUROPEAN PROJECT MANAGEMENT CONFERENCE

Renaissance Jerusalem Hotel, June 11-16, 2000

TOURIST SERVICES 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)

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 _____

Please make the following reservations:

1. Daily Accommodation - Please reserve a: ❑ Double room ❑ Single room
at the Renaissance Jerusalem Hotel: ❑ Renaissance Wing ❑ Royal Wing

From _____ To_____ Total no. of nights: _____

2. Conference Packages

Please reserve for the designated packages below a: ❑ Double room ❑ Single room
at the Renaissance Jerusalem Hotel: ❑ Renaissance Wing ❑ Royal Wing

II ❑ Conference Package (*Sun., June 11, 2000 - Fri., June 16, 2000*)
III ❑ Pre-Conference Tour to Jordan (*Wed., June 7 - Sun., June 11, 2000*)
IV ❑ Post-Conference One-Day Tour: Jerusalem and Bethlehem (*Fri., June 16, 2000*)
V ❑ Post-Conference Two-Day Tour to Jerusalem & the Dead Sea (*Fri., June 16 - Sun., June 18, 2000*)
VI ❑ Post-Conference Four-Day Tour to Jerusalem, Bethlehem, Dead Sea & Galilee (Sat., June 17 - Tue., June 20, 2000)

3. Transfers

❑ I require a transfer from Ben Gurion International Airport. I am scheduled to arrive on:

Date _____Flight # _____

From _____Time _____

❑ I shall inform you of flight details at a later date, but no later than one week prior to arrival.

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 _____