## THE 5<sup>th</sup> INTERNATIONAL CONFERENCE FOR CONVEYING AND HANDLING OF PARTICULATE SOLIDS Hilton Sorrento Hotel, Italy, August 27 – 31, 2006

## **REGISTRATION FORM**

(Please complete the form below, <u>in clear CAPITAL LETTERS</u>, and return to: **Ortra Ltd.**, PO Box 9352, Tel Aviv, 61092 Israel, Fax: 972-3-6384455; e-mail: fsolids@ortra.com)

Title: Derof. Dr. Mr. Mrs. Ms.	
Surname:	First Name:
Affiliation:	
	City:
Country:	Zip/Code:
Tel: Fax:	E-Mail:
Accompanying Persons:	
Surname:	First Name:
Surname:	First Name:

## **REGISTRATION FEES:**

			Early Registration	Late Registration
			Until May 22, 2006	From May 23, 2006
Participant		□ €660	□ €720	
<b>IFPS Member</b> (I am a listed member) <sup>1</sup>		□ €620	□ €680	
Student <sup>2</sup>			□ €450	□ €470
One Day Participation□ August 28□ August 29□ August 30□ August 31		<b>□</b> €300	□ €330	
I would like to join IFPS. I con	nform to its membership	1 year	<b>□</b> €40	<b>□</b> €40
criteria and will complete IFPS membership form 3 years		□ €102	<b>□</b> €102	
available at <u>www.freightpipeline.org</u> <sup>1</sup> 5 years		□€164	<b>□</b> €164	
Accompanying Person			□ €300	□ €340
Dine Around Sorrento, Wednesday, August 30 (Optional)		□ €55	□ €55	
🗖 La Lanterna	Tasso			
🖵 Villa Rubinacci	Vela Bianca			
🗖 Zi Ntonio	Zi Ntonio a Mare			
Farewell Dinner, Thursday, August 31 (Optional)		□ €85	□ €85	
<b>Book of Proceedings (Optiona</b>	l) <sup>3</sup>		□ €100	□ €100
(2 volumes including surface shipmer	nt)			

<sup>1</sup>Subject to approval of membership by IFPS

<sup>2</sup> Subject to receipt of letter from the institute confirming full-time student status.

<sup>3</sup> Price is for participants only (for non participants price is €150 Euros) and based on a minimum orders. The book will be delivered after the conference.

## **PAYMENT:**

Attached is payment in the amount of $\in$	Euros made out to Ortra Ltd. by:
Bank Draft #	
Bank transfer to account # 142-472330, Bank Hapoalim (swift code poalilit), I Tel-Aviv, Israel. Copy of bank transfer document enclosed.	Branch 780, Itzhak Sade St.,
□ Please charge my □ Mastercard/Eurocard □ Visa □ American Express □	☐ Diners
Card #Expiry date	
Credit card owner:	

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**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; E-

Title: 🗖 Prof. 🗖 Dr. 🗖 M	r. 🗆 Mrs. 🗖 Ms.	mail:fsolids@ortra.com)			
Surname:		First Name:			
Affiliation:					
Address:  Institution					
Country:					
Tel:	Fax:	]	E-Mail:		
Accompanying Persons:					
Surname:		First Name:			
Surname:		First Name:			
Please make the fo					
Airport / Central Tr			ADLEC		
I would like to order a tra				rain station to my	
conference hotel: $\Box$ priv					
□ I am scheduled to arrive			-		
□ I shall inform you of flig		•			
<b>Important Note!</b> Arrivals be	-				
I. DAILY ACCOMMODAT			8	I I I I I I I I I I I I I I I I I I I	
		Tuno	Single Deem	Double Doom	
	Room		Single Room □ €135	<b>Double Room □</b> €170	
Hilton Sorrento Hotel	Mountain View	Single Double		□ €205	
(Conference Venue)	Sea View	Double	□ €205	□ €235	
	Executive		□ €270	□ €300	
Villa Maria (3 Star)			□ €156	□ €173	
Hotel Rivage (3 Star)			□ €124	□ €146	
Leone Hotel (3 Star)			□ €115	<b>□</b> €146	
Dates: From	To:		Total # of N	ights:	
🗖 II. Pre or Post – Confer	ence Tour to Amalf	ä –Ravello at €42	Euros per person		
Friday, August 2	5 or 🛛 Sat	turday, September 2	2		
III. Pre or Post – Confe	rence Tour to Capr	i-Anacapri at €70	Euros per person		
Saturday, Augus		day, September 1			
IV. Pre or Post – Confe	rence Tour to Pomn	nei – Vesuvio at €5	53 Euros per person		
Sunday, August		nday, September 3	e Luros per person		
Payment:					
Attached is payment in the a	mount of f		Euros mad	a out to Ortro I to bu	
				-	
□ Bank Draft #					
□ Bank transfer to account Tel-Aviv, Israel. Copy of			ode poalilit), Branch 780	), Itzhak Sade St.,	
□ Please charge my □ Ma	stercard/Eurocard	□ Visa □ America	an Express D Diners		
<b>C 1</b>	Expiry date				
			-		
Credit card owner:					
Signature			Date		