



## REGISTRATION AND HOTEL BOOKING FORM

### 1. DELEGATE

Ms./Mr.

FIRST NAME

LAST NAME

ORGANIZATION

FUNCTION

ADDRESS

POSTAL CODE

CITY

COUNTRY

PHONE

FAX

CELL PHONE

PASSPORT Nr.

DIETARY RESTRICTIONS

SPECIFY

### 2. ACCOMPANYING PERSON

Ms./Mr.

FIRST NAME

LAST NAME

PASSPORT Nr.

DIETARY RESTRICTIONS

SPECIFY

### 3. ACCOMMODATION

Please mark the preferable hotel category

5 STARS DELUXE

4 STARS (A)

4 STARS (B)

3 STARS

ARRIVAL DATE:

FLIGHT Nr.:

DEPARTURE DATE:

FLIGHT Nr.:

Nr. of NIGHTS:

SINGLE ROOM

DOUBLE ROOM

I would like to share  
with:

Rooms will be allocated on a first come, first served basis. The Conference Agent will inform you 2 weeks before the Conference the full details of your hotel.

**HOTEL RESERVATION DEADLINE: 10 FEBRUARY, 2008**



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### 4. WORKSHOPS

Please mark 2 preferable workshops

- Attractiveness of City – City in Competition**
- City Diplomacy – Peace Initiatives**
- Sister Cities – Youth in Center**
- The New Millennium Development Goals – Implementation**
- Local Government leadership – Base for national leadership**
- GLOCAL – Globalization-Localization in Municipal Economy**

### 5. PAYMENT METHOD

For Registration and Hotel accommodation

<b>Bank Transfer</b>	<b>Bank Hapoalim, Branch 780</b> Itzhak Sade St. Tel Aviv, Israel Sender's name:	<b>Account Nr.: 142-472330</b> <b>Beneficiary: Ortra Ltd.</b> <b>Swift Code: POALILIT</b> <b>Iban: IL58-0127-8000-0000-0472-330</b>
	<input type="checkbox"/> I hereby attach a copy of the remittance. All bank charges for remittance must be paid by the applicants	
<b>Credit Card</b>	<b>Please charge to my:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Diners <input type="checkbox"/> Mastercard <input type="checkbox"/> Others Card Nr. _____ 3 digits at the back of the card: _____ Expiring date:(mm/yy) ___/___ Amount \$us. ___/ € _____      Date: Cardholder's name Cardholders' signature:	
	<b>TOTAL AMOUNT PAID: _____</b>	

Please fill out this form and mail or fax to:

ORTRA Ltd.  
 P.O. Box 9352  
 61092 Tel Aviv - Israel

Fax: 972-3- 6384455  
 E-mail: [ulai@ortra.com](mailto:ulai@ortra.com)