

**Joint meeting of the European Society of Neuroradiology
And the Israel Society of Neuroradiology
April 15-16, 2010, Dan Carmel hotel, Haifa Israel**

REGISTRATION FORM

Please PRINT in BLOCK LETTERS and AIRMAIL or FAX to:
OFAKIM Travel and Tours 82, Menachem Begin St. Tel Aviv, Israel 67138
Tel: +972-3-761-0822; Fax: +972-3-761-0799, E-mail: or@ofakim.co.il

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

A. PARTICIPANT (Please TYPE or PRINT IN BLOCK LETTERS)

Surname _____ First Name _____
 Title: Prof. Dr. Mr. Mrs. Ms.
 Mailing Address: Office Residence
 Street _____ Suite / Apt. _____
 City _____ State/Province _____
 Postal code _____ Country _____
 Telephone (office hours) Country code/ City code/ number: _____
 Fax country code/city code/number: _____
 E-mail address: _____@_____

B. CONFERENCE REGISTRATION (Please fill in the relevant)

	Early registration Before March 15, 2010	Late registration Before April 10, 2010	On site registration
Specialists	250 USD	285 USD	325 USD
Residents	145 USD	165 USD	185 USD

* The conference registration fee includes participation in the scientific program, coffee breaks throughout the conference days and Lunch.

C. ACCOMMODATION

The hotel rates refer to 1 night accommodation per standard room on a bed-and-breakfast basis.

Room type	Dan Carmel Conference venue	Dan Panorama Haifa	Nof Hotel Haifa
Single room	228 USD	189 USD	122 USD
Double room	246 USD	205 USD	135 USD

* Rooms reservations are upon availability. Confirmation will be given after reservation and hotel confirmation.

* "Dan Panorama" and "Nof Hotel" are located within walking distance of the "Dan Carmel", the conference venue.

Hotel Chosen: _____

* Please mark the requested room type: Single Double Other _____

Check in _____ **Check out** _____ **Total nights** _____

* I will share my accommodation with: Surname _____ First Name _____

* Comment / other requests _____

D. CONFERENCE CANCELLATION POLICY

Before March 15, 2010

Full refund minus 50 USD handling fee

After March 15, 22-02-2010

Full charge for accommodation and registration

E. PAYMENT BY CREDIT CARD:

Grand total _____ **USD**

Card type _____ Card No. _____

Validity _____/_____/_____ Date _____ Signature _____

Remarks / Requests _____