

Accommodation Form

Please fill in all the details IN BLOCK LETTERS and send the form by mail or whatsapp to:
The Secretariat: BioForum Applied Knowledge Center Ltd., POB 4034, Ness- Ziyona 70400, Israel
Telephone :+972 52-368-7805 Email: hagit@bioforum.co.il

Title (Prof./ Dr./ Mr./ Mrs./ or other) _____

First name: _____ Last name: _____

Company /organization: _____ Position: _____

Name to appear on invoice: _____

Mailing address: _____

Country: _____ Postal code: _____

Phone: _____ Mobile Phone: _____ Fax: _____

E-mail: _____ @ _____

Single room

Double room

Rates are quoted per room, per night, including breakfast and service charges .

Hotel	Category	Single Room (\$)	Double Room (\$)	Check in Date	Check Out Date
<input type="checkbox"/> David Intercontinental	Classic	390	420		
<input type="checkbox"/> Muse Hotel	Classic	140	175		
<input type="checkbox"/> BY14	Standard	150	165		
<input type="checkbox"/> Metropolitan	Classic	140	175		
<input type="checkbox"/> Carlton	Premium	330	360		
	Deluxe	350	380		
	Royal Executive	450	480		
<input type="checkbox"/> The David Kempinski	Superior	585	585		
	Deluxe	620	620		
<input type="checkbox"/> Dan Panorama	Standard	860 NIS	900 NIS		

Total number of nights: _____ **nights**

In order to secure services for accommodation, full payment is required in advance.

Total payment to be made: _____ \$

Payment via Credit card: Visa Isracard Mastercard

Total payment of: _____ US \$, Card no.: _____

Cardholder Name: _____ ID number: _____ Card Exp.Date: ____/____/____

Signature: _____ **Date:** _____

Cancellations Policy: Cancellations must be submitted in writing only. Applicants may cancel their accommodation/tours up to December 20, 2022. Cancellations are subject to processing fee of 30% from any of the fees specified above. No refunds will be issued to cancellations after December 20, 2022.

Organized and Produced by: