



REGISTRATION FORM

Please complete this form in clear CAPITAL LETTERS and return to:

Ortra Ltd. E-mail: comcas@ortra.com | Fax: +972-3-6384455

PERSONAL DETAILS

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

Last Name: _____ First Name: _____

Position: _____

Affiliation: _____

Business Address: _____

City: _____ Country: _____ Zip/Code: _____

Tel: _____ Mobile: _____ Fax: _____

E-mail: _____ @ _____ Passport #: _____

Accompanying Person (optional)

Last Name: _____ First Name: _____ Passport #: _____

Please note that your personal details will be used by the Organizing Committee and Ortra for sending further updates on the COMCAS and other related conferences and exhibitions.

Not interested

Please note that your cell phone number may be used by the Organizing Committee and Ortra for sending further updates on the conference via SMS.

I am not interested in receiving updates as specified above.

IEEE/IET/GAAS/EuMA Membership #: _____

REGISTRATION FEES

	Early Bird Registration Paid by Sept 1, 2013	Advanced Registration Paid between Sept 2-Oct 7, 2013	Late Registration Paid from October 8, 2013
Participant	<input type="checkbox"/> US\$ 555	<input type="checkbox"/> US\$ 665	<input type="checkbox"/> US\$ 755
IEEE, IET, GAAS and EuMA Members¹	<input type="checkbox"/> US\$ 500	<input type="checkbox"/> US\$ 600	<input type="checkbox"/> US\$ 680
Student²	<input type="checkbox"/> US\$ 250	<input type="checkbox"/> US\$ 300	<input type="checkbox"/> US\$ 350

¹Upon presentation of a valid membership card

²Student of up to Masters Degree and subject to receipt of letter from the institute confirming full-time student status

Registration Fees Include

Participants and Members

- Participation in the 3-days conference program
- Book of Abstracts
- Conference CD
- Conference Kit
- 3 Lunches & Refreshments
- Welcome Reception on Monday, October 21, 2013

Students

- Participation in the 3-days conference program
- Book of Abstracts
- Conference CD
- Conference Kit
- 3 Lunches & Refreshments



ACCOMMODATION

Hotel	Distance to Venue	Category	Room Type	Single Room	Double Room
David Intercontinental	Venue	5* DLX	Classic	<input type="checkbox"/> US\$ 330	<input type="checkbox"/> US\$ 350
Dan Panorama	Adjacent	5*	Standard	<input type="checkbox"/> US\$ 240	<input type="checkbox"/> US\$ 250
Prima	15 minutes walking	4* DLX	Standard	<input type="checkbox"/> US\$ 167	<input type="checkbox"/> US\$ 194
Art	20 minutes walking	4* DLX	Standard	<input type="checkbox"/> US\$ 206	<input type="checkbox"/> US\$ 235
Melody	20 minutes walking	4* DLX	Standard	<input type="checkbox"/> US\$ 231	<input type="checkbox"/> US\$ 250

Check in: _____ Check out: _____ Total # of Nights: _____

Comments: _____

AIRPORT TRANSFERS _____

- Private transfer with Airport Assistance **from Ben Gurion Airport to my hotel** at cost of US\$ 100 (up to 2 persons)
- Private transfer with VIP Service **from Ben Gurion Airport to my hotel** at cost of US\$ 200 (up to 2 persons)
- Private transfer **from my hotel to Ben Gurion Airport** at cost of US\$ 80 (up to 2 persons)
- I am scheduled to **arrive** on: Date: _____ Flight Number: _____ from: _____ Time: _____
- I am scheduled to **depart** on: Date: _____ Flight Number: _____ from: _____ Time: _____
- I shall inform you of flight details at a later date, but no later than one week prior to arrival

Comments: _____

PRE & POST TOURS (full day, including lunch)

- Jerusalem – October 19, US\$ 120 p.p. # of participants: _____
- Dead Sea Relaxation – October 20, US\$ 130 p.p. # of participants: _____
- Nazareth, Tiberias & Sea of Galilee – October 20, US\$ 130 p.p. # of participants: _____
- Jerusalem – October 24, US\$ 120 p.p. # of participants: _____
- Jerusalem & Bethlehem – October 24, US\$ 160 p.p. # of participants: _____
- Haifa – Bahai Gardens & Caesarea – October 25, US\$ 130 p.p. # of participants: _____

Comments: _____

PAYMENT

Attached is payment in the amount of US\$ _____ made out to Ortra Ltd. by:

- Credit Card: MasterCard Visa American Express

Card #: _____ Expiry date: _____

CVV: _____ Credit card owner: _____

- Bank transfer to Hapoalim Bank, branch no. 780, Itzchak Sade Street, Tel Aviv, Israel. Account #: 472330, Swift code: **POALILIT**, IBAN #: **IL58-0127-8000-0000-0472-330**. Copy of bank transfer document enclosed.

Bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.

- Bank Draft #: _____

Signature: _____ Date: _____