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1ST ISOP ISRAEL INTERNATIONAL SYMPOSIUM

3-4 JUNE 2019 SOURASKY MEDICAL CENTER (ICHILOV), TEL AVIV, ISRAEL

Accomodation Form

Please fill in all the details IN BLOCK LETTERS and send the form by mail: reutl@bioforum.co.il The Secretariat: BioForum Applied Knowledge Center Ltd., POB 4034, Ness- Ziyona 70400, Israel Registration by credit card is also available through the Conference website: www.ISOPISRAEL2019.ORG Title (Prof./ Dr./ Mr./ Mrs./ or other)_____ Last name: First name: Company /organization:_____ Position: Name to appear on invoice: Mailing address: Country: Postal code: _____Mobile Phone:_____ Phone:__ E-mail: [] Single room [] Double room Rates are quoted per room, per night, including breakfast and service charges. **Single Room Double Room** Check in **Check Out** Room Hotel Category (\$) (\$) **Date** Date [] LINK hotel & hub Overview Queen Corner 220 240 Tel Aviv [] Dan Panorama Hotel 245 285 ___nights Total number of nights: __ In order to secure services for accommodation, full payment is required in advance. Total payment to be made: \$ **PAYMENT METHOD** (All Bank Charges to be paid by Participants). Payment via bank transfer: USD, Account Name: BioForum - Applied Knowledge Center Ltd. Bank Transfer of Account No: 577720 Bank Hapoalim (12) Branch: 529 Address: Ben Yehuda St., 99 Tel Aviv, Israel **IBAN No:** IL22-0125-2900-0000-0577-720 **Swift Code:** poalilit All bank charges to be paid by participants, please send a fax or email with a copy of the bank's transaction conformation. Payment via Credit card: [] Visa [] Isracard [] Mastercard Total payment of: _____ US \$, Card no.:_____ _____ ID number:______Card Exp.Date:___/__ Cardholder Name:___ Date: Cancellations Policy: Cancellations must be submitted in writing only. Applicants may cancel their accommodation/tours up to April 15,2019. Cancellations are subject to processing fee of 30% from any of the

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