איגוד הכירורגים בישראל
ISRAEL SURGICAL ASSOCIATION

ISRAEL SOCIETY
OF COLON AND
RECTAL SURGERY

ISRAELI MEDICAL ASSOCIATION

Israel Society of Colon and Rectal Surgery
Annual Conference
December 3-4, 2009, Sheraton City Tower, Ramat Gan, Israel

Registration and Accommodation Form

PLEASE COMPLETE AND E-MAIL or PRINT AND FAX TO THE SECRETARIAT
COLON 2009, PO Box 29041, Tel Aviv 61290, Israel, Fax: +972 3 5175155

Surname _____

First Name/s _____

Title: ☐ Prof ☐ Dr ☐ Mr ☐ Ms

Accompanying Person: _____
Surname First Name

Mailing Address _____

City _____ State _____

Zip Code _____ Country _____

Telephone _____ Fax _____

E-mail _____

REGISTRATION FEES	**Before November 15, 2009**	**After**
Participant	☐ US$ 200	☐ US$ 250
Resident or Student*	☐ US$ 150	☐ US$ 175

*Resident or student identification must be submitted together with the registration form and students must provide an official authorization of their status along with their registration form.

I/We require accommodation at the **Sheraton City Tower Hotel:**

☐ Single Room ☐ Double Room

Check-in date:_____ Check-out date: _____ No. of nights: _____

☐ I require additional accommodation/tours _____
_____

METHOD OF PAYMENT

☐ Cheque, payable to **Target Conferences Ltd.,** herewith enclosed

☐ Bank Transfer of US$ _____ made as follows: Swift code Lumiilit, to Target Conferences Bank Leumi, Gordon Branch, 87 Ben Yehuda Street, Tel Aviv, Israel
to account number 804-(950) 379000/70 (copy enclosed)

☐ Charge US$ _____ to **credit card** as below:

☐ American Express ☐ Diners Club ☐ MasterCard ☐ Visa

Credit Card No._____Expiry Date _____

Numbers on back of card _____

Signature: _____ Date:_____