

The 4th Indo-Israeli Conference in Condensed Matter Physics

November 3-5 2008, Zfat, Israel

Registration Form

Please fill out the following form and send it by E-mail to the conference coordinator, Ilanit Dvash at safed.conf@gmail.com, or by fax to +972-3-6406953. Please contact Ms. Dvash with any question by E-mail or by phone: +972-52-3963543 (10:00-18:00)

The standard conference price includes the following:

- One person in a shared room at the Merkazi hotel (or equivalent).
- Registration material, all meals, and participation in all activities during the three main conference days, 3-5/11/2008.
- There are options for upgrading to a single room, and for upgrading to the Rimonim Hotel. There are also options for adding one night before the conference (with the possibility of joining the group bus from Tel Aviv on Sunday afternoon), or adding one night after the conference and joining the post-conference tour in the north on Thursday. Please be sure to clearly indicate your choices on this registration form.

Methods of payment (mark your chosen method)

The registration fee should be paid by bank transfer to:

- Bank Hapoalim (Bank code 12), Branch No. 778**
Swift Code 12-778 POALILIT
Tel Aviv University Account No. 142-8800

Please specify **your name** and that the money is intended for

Ron Lifshitz, Account No. 0603213981.

Internal transfers for participants from Tel Aviv University should be made to:

- Account No. 10-20-0321-0000-01000850-000-060321398-01**

Payments can also be sent by check made out to “Tel Aviv University” directly to:

- Prof. Ron Lifshitz**
School of Physics & Astronomy,
Tel Aviv University, Tel Aviv 69978
Israel
-

Registration Details

Date of registration: _____

Given Name: _____ **Surname:** _____

Gender: Male Female

Affiliation (name of university/institute): _____

Title (Mr., Ms., Prof., Dr.): _____ **Position held:** _____

E-mail address (**This is our main form of contact. Please be sure to give a valid E-mail address**): _____

Phone: _____ **Fax:** _____

Mailing Address: _____

Are you invited to give a **Lecture** at the conference? Yes / No

Do you intend to present a **Poster** at the conference? Yes / No

If the answer is yes to either of the above, please send a separate E-mail to ronlif@tau.ac.il with the title and abstract of your presentation. Be sure to include full details of your co-authors including all affiliations.

Israeli participants – Indicate your arrival and departure dates and times:

Arrival: _____ **Departure:** _____

Invited Indian participants – You will be picked up from Tel Aviv or from Ben Gurion Airport on Sunday Nov. 2, and returned to Tel Aviv on Thursday night. Your invitation includes options 1-3 on the next page, as well as accommodation in Tel Aviv on Thursday night, Nov. 6. Please indicate your flight information:

Arrival: _____

Departure: _____

Other foreign participants:

Please coordinate directly with Ms. Dvash at safed.conf@gmail.com.

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Special requests and Notes (please indicate whether you are coming with your partner, have any special needs, etc.): _____

Payment options:

	Option	Price	
1	Standard option*, described above	800 NIS	X
2	Sunday night stay (including transportation from Tel Aviv)	Add 320 NIS	
3	Wednesday night stay (including post-conference tour and transportation to Tel Aviv)	Add 400 NIS	
4	Single-room upgrade at Merkazi	Add 80 NIS per day	
5	Shared-room upgrade at Rimonim*	Add 150 NIS per day	
6	Single-room upgrade at Rimonim	Add 350 NIS per day	
	Total:		

* Please indicate name of person you intend to share your room with: