Innovations in Cardiovascular Interventions (ICI 2009):
Leading Technology for Medicine
December 6-8, 2009, The David InterContinental Tel Aviv, Israel
Accommodation Form

Web site: http://www.congress.co.il/ICI2009 E-Mail: nlevy@paragon-conventions.com

Please fill in the form and click send, or Print and send by airmail or fax:
Dan Knassim Ltd . POB 1931, Ramat-Gan 52118, Israel
Tel 972 - 3 - 5767715 Fax 972 - 3 - 7604829 E-Mail: nlevy@paragon-conventions.com

Title: Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Prof.

Family Name: _____ First name: _____

Institute: _____

Mailing address: ☐ Home ☐ Work

Street _____ City: _____ Country: _____ Zip code_____

Phone: _____ Fax: _____

E-mail: _____ @ _____

PLEASE NOTE: Prices of accommodation for Israelis are subject to 16.5% V.A.T

HOTEL NAME	**SINGLE** *Price for one person in the room*	**DOUBLE** *Price for two in a room*
☐ The David InterContinental Tel Aviv **Conference Venue**	$ 259	$285
☐ Dan Panorama Hotel	$185	$200
☐ Seanet Hotel	$120	$135
☐ Metropolitan Hotel	$105	$120

Rates are per room, per night and include Israeli breakfast and service charge.
Type of room required: ☐ Single ☐ Double ☐ Other

Check in date: _____ Check out date _____ Total night/s _____

TOTAL TO BE PAID: _____

Method of payment
The total amount will be paid as follows:
☐ **Credit Card:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Diners

No |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Date of expiration |_|_|_|_| CVV2 Code |_|_|_|

Name as shown on Card: _____ Passport No. _____

☐ **Bank transfer:** DAN KNASSIM LTD., Bank Mizrahi, 477 Hamigdal Brunch, Account No. 118030, Swift Code: Mizbilit
Code: IDBLILIT Bank charges are the responsibility of the payee and should be paid at source in edition to the accommodation.

Hotel Deposit
All requests for accommodation must be accompanied by a deposit of one night charge.
Full payment for hotel and /or tour must be completed prior to your arrival.
By clicking the "Submit" button you authorize DAN KNASSIM LTD. To charge the above credit card for the balance of your account two weeks prior to your arrival for services ordered.
Comments:_____

Date: _____ Signature: _____