

The International Conference on Chronic Ventilated Patients  
 Multi Disciplinary Management from ICU to Home  
 Dan Panorama Hotel, Tel Aviv  
 Under the auspices of Reuth Medical Center, Tel-Aviv



**Accommodation Form** Please note that you may also register online: [www.congress.co.il/ventilation-reuth08](http://www.congress.co.il/ventilation-reuth08)

Mr.  Mrs.  Prof.  PD  Dr.

Family Name (please underline) / First Name, Initials

Hospital / Institute / Company

Department

Street, No

P.O. Box

Postal Code / Zip Code

**The International Conference on Chronic Ventilated Patients**  
 c/o Dan Knassim Ltd.  
 P.O.Box 1931  
 Ramat Gan 52118  
 Israel  
 Tel 972- 3 - 6133340 (Ext.218)  
 Fax 972 - 3 - 7604829  
 E-Mail: [registration@congress.co.il](mailto:registration@congress.co.il)

City

Country

State / County (where applicable)

E-mail

Telephone work

Telephone home

Fax

**Hotel Reservation**

Amount

**PLEASE NOTE: Prices of accommodation for Israelis are subject to 15.5% V.A.T**

Hotel	SINGLE Price for one person in the room	DOUBLE Price for two in a room	Category	Distance from Venue
<input type="checkbox"/> Dan Panorama Hotel – Conference Venue	<input type="checkbox"/> \$140	<input type="checkbox"/> \$152	Deluxe	
<input type="checkbox"/> Basel Hotel - <b>Not Available</b>	<input type="checkbox"/> \$122	<input type="checkbox"/> \$127	Deluxe Superior	10 – 15 minutes by car
<input type="checkbox"/> Metropolitan Hotel - <b>Not Available</b>	<input type="checkbox"/> \$88	<input type="checkbox"/> \$108	Tourist Class	20 minutes walk or 5 minutes by car

All rates are per room and per night, including Israeli breakfast, service and taxes. Early reservation is highly recommended.

Type of room required:  Single  Double\*  Other \_\_\_\_\_

Check in date: \_\_\_\_\_ Check out date \_\_\_\_\_ Total night/s \_\_\_\_\_

**OPTIONAL TOURS**

# 222 Jerusalem (\$72)

No. of participants: \_\_\_\_\_ Date requested: \_\_\_\_\_

# 230 Massada Dead sea (\$92)

No. of participants: \_\_\_\_\_ Date requested: \_\_\_\_\_

# 240 Sea of Galilee Nazareth Capernaum Tiberias (\$74)

No. of participants: \_\_\_\_\_ Date requested: \_\_\_\_\_

# 258 Caesarea Acra Rosh Hanikra (\$82)

No. of participants: \_\_\_\_\_ Date requested: \_\_\_\_\_

**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 Check No** \_\_\_\_\_ **enclosed, made payable to Dan Knassim Ltd.**

**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 addition to the accommodation.

**Hotel Deposit and Cancellation**

**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 submitting the accommodation form 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.

Accommodation Cancellation Policy: information is available in the conference website.

Comments: \_\_\_\_\_  
 Date: \_\_\_\_\_

Signature: \_\_\_\_\_