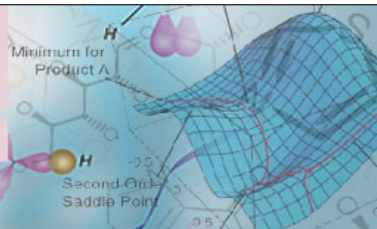




The 12th European Symposium on Organic Reactivity

September 6-11 2009, Haifa, Israel



Registration Form

(One form per active participant).

www.congress.co.il/esor09

Mr. Mrs. Prof. Dr.

Please return before August 30th, 2009 to: Fax:

Family Name (please underline) / First Name, Initials

Institute Company University

Department

Street, No

P.O. Box

Postal Code / Zip Code

City

Country

State / County (where applicable)

E-mail

Telephone work

Telephone Residence

Fax

Accompanying Guest:

Name

ESOR XII

P.O Box 1931

Ramat Gan 52118

Israel

TELEFAX.: +972-3-5767732

Email: registration@congress.co.il

The Conference participants' mailing list may be forwarded to other companies. If you do not wish your mailing details to be used then please mark below:
 I do not wish my mailing details to be used for the purpose mentioned above.

Registration Fees	Until June 1, 2009 (15.5% vat)	June 2 – July 20, 2009 (16.5% vat)	July 21 – August 30, 2009 & On Site (16.5% vat)
	Israeli Academic Participant	NIS 2300	NIS 2475
*Daily Israeli Academic Participant	NIS 650	NIS 760	NIS 860
**Student/Post Doc/Retired	NIS 465	NIS 480	NIS 580
Accompanying Guest	NIS 550		
Gala Dinner	NIS 290		

* Please choose the date: 6/9 7/9 8/9 9/9 10/9 11/9

** Must be confirmed by a signed document from the appropriate institution

Total Fees NIS _____

The registration system will close on August 30th, 2009. Any registration post August 30th will be done on-site.

Fees for Israeli Academic Participant include: admittance to all scientific sessions, CD of Abstracts & other general scientific material related to the symposium, refreshments during breaks and lunches, welcome reception, afternoon mixer & conference excursion*.

Fees for Israeli Students include: admittance to all scientific sessions, CD of Abstracts & other general scientific material related to the symposium, refreshments during breaks and lunches, welcome reception & afternoon mixer.

Fees for accompanying guest include: Welcome reception, afternoon mixer & conference excursion.

*Conference Excursion:

Conference delegates are welcome to choose one of the following tours according to their personal preference. Pick the right tour for you (**register before August 30th, 2009**)

Please indicate your choice as space is limited & will be allocated on a "first come first serve" basis:

1) *Was born from the Mediterranean Sea* 2) *Annunciation & wine* 3) *Dreams come true*

1st Choice: _____ 2nd Choice _____

The total amount will be paid as follows:

Credit Card:

Visa

MasterCard

American Express

Diners

No _____ Date of expiration _____

CVV2 Code _____

Bank transfer: Payable to: Dan Knassim Ltd. Bank details: Bank Mizrahi, 477 Hamigdal Branch, Account No. 118030, Swift Code: Mizbilt
Bank charges are the responsibility of the customer & should be paid at source in addition to the registration fees. Please forward a copy of the bank transfer confirmation by fax/email.

Cancellation Policy

Refund of registration fees will be made as follows: Up to 90 days prior to arrival-full refund less bank charges; up to 45 days prior to arrival-cancellation charge of NIS 250; less than 45 days prior to arrival-no refund

Date: _____

Signature: _____