

ALGO 2007

October 7-12, 2007 • Eilat, Israel

Registration and Accommodation Form

Please print in BLOCK LETTERS and fax, Email or airmail, together with payment to:

ALGO 2007 Secretariat

Diesenhaus-Unitours Incoming Tourism Ltd.

Conventions Department

P.O.Box 57176, Tel Aviv 61571, Israel

Tel: +972-(0)3-5651313 Fax: +972-(0)3-5610152 E-mail: conven4@diesenhaus.com

PERSONAL DETAILS

Family Name _____ First Name _____

Title: Prof. Dr. Mr. Ms. Mrs.

Institute _____

Department _____

Mailing address: Office Home

No. _____ Street _____

City _____ State (if relevant) _____ Postal code* _____

Country _____

E-mail address _____

Telephone _____ Fax _____ Cellular phone _____
(Country/city code, number) (Country/city code, number)

REGISTRATION FEES

	Early Registration by August 15, 2007	Late Registration from August 16, 2007
Participant - ESA (1)	US\$ 425 []	US\$ 475 []
Participant - ESA & WAOW (1)	US\$ 520 []	US\$ 570 []
Student - ESA (2)	US\$ 160 []	US\$ 180 []
Student - ESA & WAOW (2)	US\$ 280 []	US\$ 310 []
Proceedings	US\$ 67 []	Not available
EATCS membership	US\$ 27 []	US\$ 27 []

(1) EATCS non-members: Add \$27 for EATCS membership.

(2) PEGG grad meeting: I will participate I will not participate

STUDENT GRANT: I would like to request a student grant

Name: _____

ACCOMMODATION IN EILAT

Hotel	Category	Single Room	Per Person in Double Room *	Per Person in Triple Room *
Herods Forum Eilat (ALGO 2007 venue)	Deluxe (Lagoon view)	US\$ 157 []	US\$ 87 []	US\$ 80 []
Herods Palace (Adjacent to ALGO 2007 venue)	Deluxe (Sea view)	US\$ 190 []	US\$ 107 []	US\$ 94 []

Rates are per night, per person, on bed and breakfast basis, including taxes.

Check in _____ Check out _____ No. of nights ____

* Sharing room with _____ [] participant [] accompanying person

[] Double-bed [] Separate beds

Payment for a single room will apply if full payment will not be received from all participants sharing a room.

[] Please find me a room partner

Please complete if hotel reservation is not made on this form

[] I will make hotel reservations at a later stage [] I do not require hotel accommodation

ACCOMMODATION IN TEL AVIV (October 6-8, & 10-13, 2007)

Hotel	Category	Single Room	Per Person in Double Room*
Metropolitan Hotel	Tourist class	US\$ 82 []	US\$ 49 []

Rates are per night, per person, on bed and breakfast basis, including taxes.

Check in _____ Check out _____ No. of nights ____

Sharing room with _____ Double-bed Separate beds

OPTIONAL TOURS

	Price	Total US\$
[] Tour A – The Red Canyon - October 7	US\$ 45 x ____ person/s	
[] Tour B - Mountain and desert - October 7	US\$ 45 x ____ person/s	
[] Tour C - Underwater Observatory - October 9	US\$ 40 x ____ person/s	
[] Tour D - Snorkeling – October 9	US\$ 26 x ____ person/s	
[] Tour E – Introductory dive – October 9	US\$ 55 x ____ person/s	
[] Tour F - Massada & Dead Sea - October 11	US\$ 110 x ____ person/s	
[] Tour G – Petra - October 11	US\$ 160 x ____ person/s	

Name: _____

SUMMARY OF PAYMENT (in US\$)

Registration Fees US\$ _____
EATCS Membership US\$ _____
Proceedings: \$67 x _____ copies US\$ _____
Accommodation in Eilat:
\$ _____ per night x _____ nights x _____ person/s US\$ _____
Accommodation in Tel-Aviv:
\$ _____ per night x _____ nights x _____ person/s US\$ _____
Flight to Eilat US\$ _____
Flight from Eilat US\$ _____
Optional Tours US\$ _____
TOTAL US\$ _____

METHOD OF PAYMENT:

Credit Card:

Amount to charge: US\$ _____

Visa/Diners Master Card/Eurocard American Express

Credit card No. _____

Last three security digits on back of card _____

Name on Credit Card _____

Expiry date _____ (mm/yy)

Passport No./Identity card No. _____

Charge of credit card will be made by Diesenhau-Unitours Incoming Tourism (1998) Ltd.

Bank Transfer:

US\$ _____ Made by _____

Payable to: Diesenhau Unitours Incoming Tourism (1998) Ltd./ALGO 2007

Account No: 559996, Bank Hapoalim, Lincoln Branch No. 772, Tel Aviv, Israel

Swift Code: POALILIT

All bank charges to be paid by participant. When paying by bank transfer, please send a copy of the bank transfer to Diesenhau-Unitours together with this page as a cross-reference for our accounting department.

CANCELLATION POLICIES

Registration, Accommodation, Domestic Flights and tours:

As specified in the conference website. All cancellations must be received in writing.

Date _____ Signature _____

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Flights Reservation Form

- [] This form is submitted together with the conference registration form
 [] I have already submitted the conference registration form

Family Name _____ First Name _____

City _____ State _____ Country _____

E-mail address _____

Telephone _____ Cellular _____ Fax _____
(Country/city code, number)

FLIGHTS TO/FROM EILAT

Flight Code	Date	Hour	Flight No.	Flights to Eilat	Price
1	Sun. Oct. 7	08:00	IZ 803	Sde Dov-Eilat	US\$ 63
2	Sun. Oct. 7	16:30	IZ 1817	Sde Dov-Eilat	US\$ 63
3	Wed. Oct. 10	14:00	IZ 1815	Sde Dov-Eilat	US\$ 63
				Flights from Eilat	
4	Wed. Oct. 10	20:30	IZ 1820	Eilat-Sde Dov	US\$ 63
5	Fri. Oct. 12	15:10	IZ 824	Eilat-Sde Dov	US\$ 63
Baby – age 0-2 (all flights)					US\$ 12

To reserve flights, please complete details and list date of birth for babies and children (if relevant).

Last Name / First Name	Flights TO Eilat		Flights FROM Eilat		Date of Birth (baby/child)	Baby Child
	Flight number	Date	Flight number	Date		

PAYMENT (Please use page 3 of the registration form)

Signature _____ Date _____