

Registration, Accommodation and Tours Form

Please print in BLOCK LETTERS and send to:

ECCB06 Secretariat
Diesenhaus-Unitours Incoming Tourism Ltd.
Conventions Department
P.O.Box 57176, Tel Aviv 61571, Israel
Fax: +972-3-5610152
E-mail: eccb06@diesenhaus.com

Please mark:

- 1st submission of the Registration Form
 Update of services (Registration Form was previously submitted)
For reservation of flights only, please use pages 3&4.

PERSONAL INFORMATION

Family Name _____ First Name _____

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

Organization _____

Department _____

Mailing Address: No. _____ Street _____

City _____ State _____ Postal Code _____

Country _____ E-mail address _____

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

Accompanying Person: Family Name _____ First Name _____

REGISTRATION FEES (VAT Included for Israeli Participant)

Members of the International Society for Computational Biology (ISCB) are entitled to discounted registration fees. To join the society, visit the ISCB website www.iscb.org before registering.

	ISCB MEMBER		NON-MEMBER	
	By Nov. 21	From Nov. 21	By Nov. 21	From Nov. 21
Academic/Non-Profit Government/Postdoc	_ US\$ 470	_ US\$ 560	_ US\$ 630	_ US\$ 750
Student	_ US\$ 300	_ US\$ 360	_ US\$ 400	_ US\$ 480
Commercial	_ US\$ 860	_ US\$ 1,030	_ US\$ 1150	_ US\$ 1380

ADDITIONAL ITEMS

Workshop	<input type="checkbox"/> US\$ 110	<input type="checkbox"/> Grid computing	<input type="checkbox"/> Genome annotation
Tutorial(s)	<input type="checkbox"/> US\$ 110 one tutorial	<input type="checkbox"/> US\$ 180 - two tutorials	
<input type="checkbox"/> Regulatory motifs	<input type="checkbox"/>	Evolution & Phylogenetics	CANCELLED
<input type="checkbox"/> Gene & protein networks	<input type="checkbox"/>	<input type="checkbox"/> Immunological bioinformatics	
Printed Proceedings	<input type="checkbox"/> US\$ 35 x _____	copy/ies = US\$ _____	
(Must order by early registration deadline)			
Gala Dinner	<input type="checkbox"/> US\$ 55 x _____	person/s = US\$ _____	
Additional welcome reception	<input type="checkbox"/> US\$ 25 x _____	person/s = US\$ _____	
Additional lunch tickets	<input type="checkbox"/> US\$ 22 x _____	ticket/s = US\$ _____	
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
TOTAL FOR ADDITIONAL ITEMS	US\$ _____		

HOTEL ACCOMMODATIONS IN EILAT

January 19-26, 2007 (rates are per night on bed & breakfast basis)

Hotel	Category	Single Room	Double Room * (2 persons)
Dan Eilat (Conference venue)	Deluxe 5 star	US\$ 168	US\$ 178
Dan Panorama	First class	US\$ 95	US\$ 104
Nova FULL	Tourist class	US\$ 63	US\$ 72

 Single room Double room Twin room (2 separate beds)

Check in _____ Check out _____ No. of nights ___ x US\$ _____ = US\$ _____

* Sharing with _____

OPTIONAL PRE/POST CONFERENCE ACCOMMODATION IN TEL AVIV

September 8 - 10 and September 13 - 15 (rates are per night on bed & breakfast basis)

Metropolitan Hotel, Tel Aviv			
<input type="checkbox"/> Single room	US\$ 70	<input type="checkbox"/> Double room *	US\$ 88 <input type="checkbox"/> Twin room* US\$ 88 (beds)
*Sharing with _____			
Check in _____	Check out _____	No. of nights ___ x US\$ _____	= US\$ _____
Check in _____	Check out _____	No. of nights ___ x US\$ _____	= US\$ _____

OPTIONAL DAY TOURS (rates are per person)

<input type="checkbox"/> Tour A - Massada and Dead Sea	US\$ 110 x _____	person/s
<input type="checkbox"/> Tour B - Coral World Underwater Observatory	US\$ 40 x _____	person/s
<input type="checkbox"/> Tour C - The Ultimate Mountains & Desert Jeep Tour	US\$ 45 x _____	person/s
<input type="checkbox"/> Tour D - Timna Park CANCELLED	US\$ 40 x _____	person/s
<input type="checkbox"/> Tour E - Eilat Mountains Desert	US\$ 99 x _____	person/s
TOTAL FOR DAY TOURS	US\$ _____	

OPTIONAL POST CONFERENCE PACKAGE TOUR**Dead Sea/Jerusalem** - January 25 - 27, 2007 (package rates are per room)

Novotel Hotel, Jerusalem		
<input type="checkbox"/> Single room	US\$ 300	<input type="checkbox"/> Double room* US\$ 500 <input type="checkbox"/> Twin room* US\$ 500 (2 beds)
*Sharing with _____		

Name _____

Page 3

PAYMENTS INCLUDE THE FOLLOWING (Full Payment)

Registration fees US\$ _____
Total for additional items US\$ _____
Hotel accommodation in Eilat US\$ _____
Pre/Post accommodation in Tel Aviv US\$ _____
Total for day tours US\$ _____
Post Conference Package Tour US\$ _____
Total for Domestic flights to/from Eilat US\$ _____ (see page 4)
TOTAL US\$ _____

Please note: Registration, Accommodation, Domestic Flights and Tours are finalized only with receipt of full payment.

METHOD OF PAYMENT (Full Payment)

Credit card: US\$ _____ Visa/Diners Master Card/Isracard American Express
Credit card No. _____ Last 3 digits on back of card _____

Name as shown on card _____

Expiration Date _____ (mm/yy) Passport No./ID No. _____

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

Bank Transfer: US\$ _____ Issued by (Institute/person) _____

Payable to **Diesenhau-Unitours Incoming Tourism (1998) Ltd.**

Account No. 559996

Hapoalim Bank, Lincoln Branch No. 772, Tel Aviv, Israel

Swift Code: POALILIT

All bank charges to be paid by participant.

When paying by bank transfer, please fax a copy of the bank transfer together with this form.

Bank draft : US\$ _____ Issued by (Institute/person) _____

Payable to **Diesenhau-Unitours Incoming Tourism (1998) Ltd.**

Check number _____ Bank _____

Cancellation Policy: As specified in the conference website:

http://www.eccb06.org/new_pages/registration/registration.html#reg

Signature _____ Date _____

ECCB – 5th European Conference on Computational Biology
September 10-13, 2006, Eilat, Israel

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)

Please indicate flight number/s on table.

Date	Hour	Flight	FLIGHTS TO EILAT	Adult	Child (2-12)	Baby (0-2)
Jan. 20 (Sat.)	20:35	<input type="checkbox"/> IZ 1845	Ben-Gurion - Eilat	US\$ 43	US\$ 43	US\$ 14
Jan. 20 (Sat.)	21:30	<input type="checkbox"/> IZ 1807	Sde Dov - Eilat	US\$ 43	US\$ 43	US\$ 14
Jan. 21 (Sun.)	08:00	<input type="checkbox"/> IZ 803	Sde Dov - Eilat	US\$ 58	US\$ 48	US\$ 14
Jan. 21 (Sun.)	12:30	<input type="checkbox"/> IZ 843	Ben-Gurion - Eilat	US\$ 51	US\$ 48	US\$ 14
Jan. 21 (Sun.)	15:30	<input type="checkbox"/> IZ 845	Ben-Gurion - Eilat	US\$ 51	US\$ 48	US\$ 14
Jan. 21 (Sun.)	15:40	<input type="checkbox"/> IZ 825	Sde Dov - Eilat	US\$ 58	US\$ 48	US\$ 14
Date	Hour	Flight	FLIGHTS FROM EILAT	Adult	Child (2-12)	Baby (0-2)
Jan. 24 (Wed.) FULL	20:55	<input checked="" type="checkbox"/> IZ 1804	Eilat - Sde Dov	US\$ 58	US\$ 48	US\$ 14
Jan. 24 (Wed.)	21:30	<input type="checkbox"/> IZ 1822	Eilat - Sde Dov	US\$ 58	US\$ 48	US\$ 14
Jan. 25 (Thur.)	09:30	<input type="checkbox"/> IZ 842	Eilat - Ben-Gurion	US\$ 51	US\$ 48	US\$ 14
Jan. 25 (Thur.)	10:15	<input type="checkbox"/> IZ 806	Eilat - Sde Dov	US\$ 58	US\$ 48	US\$ 14

Please fill out last/first name/s of each passenger and circle status

(A=adult, C=child/age, B=baby/age):

_____ A/C/B age ____ Flight/s # _____ / _____ US\$ _____

_____ A/C/B age ____ Flight/s # _____ / _____ US\$ _____

_____ A/C/B age ____ Flight/s # _____ / _____ US\$ _____

_____ A/C/B age ____ Flight/s # _____ / _____ US\$ _____

_____ A/C/B age ____ Flight/s # _____ / _____ US\$ _____

PAYMENT (Please use page 3)

Signature _____ Date _____