

38th International Conference on Coordination Chemistry
July 20-25, 2008, Jerusalem, Israel

REGISTRATION AND ACCOMMODATION FORM

Please PRINT in BLOCK LETTERS and FAX, Email or AIRMAIL to:

KENES *International*
CARES FOR YOUR ORGANIZATION

Registration and Accommodation Dept.
P.O.Box 56
Ben Gurion Airport, 70100 Israel
Tel: +972 39727500
Fax: +972 39727555

1-3 Rue de Chantepoulet, CH-1211 Geneva 1, Switzerland
Tel: +41 22 908 0488
Fax: +41 22 732 2850
E-mail : reg_iccc38@kenes.com

Identification

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

Family Name

Initials

First name

Title Prof. Dr. Mr. Mrs. Ms.

Mailing Address Office Residence

Institute

Dept.

No.

Street

Suite/Apt.

City

State/Province

Country

Postal code

Telephone (office hours):Country code/city code/number

Fax: Country code/city code/number

E-mail Address

REGISTRATION FEES:

	Early Fee Before April 1, 2008	Late Fee From April 3, 2008
Full participant	<input type="checkbox"/> US \$ 550	<input type="checkbox"/> US \$ 650
Full participant- IUPAC member	<input type="checkbox"/> US \$ 500	<input type="checkbox"/> US \$ 600
Local and East European Participants**	<input type="checkbox"/> US \$ 350	<input type="checkbox"/> US \$ 450
Students/ Post Doctorat	<input type="checkbox"/> US \$ 250	<input type="checkbox"/> US \$ 300
Abstract Book (Hard Copy)	<input type="checkbox"/> US \$ 30	

Participants registering as Students/ Post Doctorat must provide a letter from their head of department to support their application for a student rate.

**Participants from: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Macedonia, Moldova, Poland, Romania, Russian Federation, Slovak Republic, Tajikistan, Turkmenistan, Ukraine, Uzbekistan.

Name: _____

Accompanying Person Registration:

	Registration Fee
Accompanying person	<input type="checkbox"/> US \$200

Family Name	First Name	Title

ACCOMMODATION: No Accommodation Required

Please indicate your hotel preference: Accommodation at special Congress rates is available at the following hotels:

Hotel	Category	Single Room	Double Room
Renaissance Jerusalem	Superior Class	<input type="checkbox"/> \$ 150	<input type="checkbox"/> S 170
Renaissance Jerusalem- Royal wing	First Class	<input type="checkbox"/> \$ 120	<input type="checkbox"/> S 140

Hotel rates for Israeli participants will be available at a later stage.

All rates are per room, per night and inclusive of VAT and breakfast.

RESERVATION:

When booking, please complete this hotel reservation form and return to Kenes International, no later than July 15, 2008.

Requests will be accepted thereafter, however, hotel accommodation is subject to availability, and cannot be guaranteed. **After this deadline, bookings are only possible against full payment by credit card.**Type of room required Single Double* Other

Check In	Check out	Total night/s

1st choice hotel: _____ 2nd choice hotel: _____

* I will share my accommodation with: _____

PAYMENT:

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send your fully completed registration and accommodation form together with your payment:

Registration Fees US \$: _____

Deposit for Hotel Accommodation US \$: _____ (1 night deposit)

Total: US \$: _____

 Option 1: Credit Card : Visa MasterCard Diners Amex (Charges will be made in US\$)

Number	Expiry Date (month/year)		

Name as shown on card:

Family Name	First name

Option 2: Bank Transfer - with your name and address indicated on the reverse. If payment is made for more than one person or by a company please make sure all names are indicated and send fully completed registration and accommodation forms together with a copy of the bank transfer. Please make drafts payable to: **ICCC38**, Bank Leumi Le- Israel B.M, 654 Buisness- Alonim Branch, Toyota Building, 65 Igal Alon St., Tel Aviv. Account No. for Foreign Currencies 56291/56, Account No. for NIS 15291/65. Swift Code: LUMILITXXX, The BIC 010654.

Bank charges are the responsibility of the payee and should be paid at source in addition to the registration and accommodation fees.

 Option 3: Cheque made payable to: "ICCC 38"

Enclosed cheque number: _____ Bank : _____

*Cancellation policy for registration and accomodation: As published in the announcement and symposium website.

Date _____ Signature _____

By signing this form you authorize KENES INTERNATIONAL to charge the above credit card for the balance of your account 3 weeks prior to your arrival for services ordered.