

REGISTRATION FORM

Please **complete** and return to: SMDM 2010 Conference, P.O. Box 29041, Tel Aviv 61290, Israel, Tel: +972 3 5175150, Fax: +972 3 5175155, email: smdm@targetconf.com

Family Name _____

First Name/s _____

Title: Prof. Dr. Mr. Ms.

Full Mailing Address _____

_____ State _____

Zip Code _____ Country _____

Tel _____ Fax _____

e-mail _____

REGISTRATION FEES

April 15, 2010

	Before	After
SMDM member	<input type="checkbox"/> € 330	<input type="checkbox"/> € 375
Non SMDM member	<input type="checkbox"/> € 350	<input type="checkbox"/> € 395
New SMDM member (including first year membership in SMDM of € 22)	<input type="checkbox"/> € 352	<input type="checkbox"/> € 397
Student*	<input type="checkbox"/> € 140	<input type="checkbox"/> € 175
Student* + one year membership in SMDM	<input type="checkbox"/> € 162	<input type="checkbox"/> € 197

Co sponsored Festive Dinner at € 25 per person Number of people _____

Name of Accompanying Person _____

OPTIONAL SHORT COURSES, *May 30, 2010*

Participant for One Course	<input type="checkbox"/> € 50	<input type="checkbox"/> € 80
Participant for Two Courses	<input type="checkbox"/> € 90	<input type="checkbox"/> € 120
Student* for One Course	<input type="checkbox"/> € 30	<input type="checkbox"/> € 50
Student* for Two Courses	<input type="checkbox"/> € 50	<input type="checkbox"/> € 70

**Students are requested to provide an official authorization of their status*

Course Preferences

MORNING SESSION: Parallel Short Course 1 Course 2 Course 3 Course 4

AFTERNOON SESSION: Parallel Short Course 5 Course 6 Course 7

Enclosed please find a **cheque** in the amount of € _____ payable to SMDM, cheque no. _____ Bank _____

I have made a **bank transfer** of € _____ as follows:
Bank Leumi, Gordon Branch, 87 Ben Yehuda Street, Tel Aviv, Israel
to account name SMDM, account number **804- (095) 374400/79** (Copy enclosed)

Charge € _____ to **credit card** as below:
(payment will be taken in US\$ as per US\$/EURO exchange rate on day of transaction)

American Express Diners Club MasterCard Visa

Credit Card No. _____

Numbers on back of card _____ Expiry Date _____

Signature _____ Date _____