

# 6th EARSeL SIG IS workshop

European Association of  
Remote Sensing Laboratories Workshop  
At TAU. 16-19.03.2009

## ACCOMMODATION AND TOURING OPTIONS FORM

Please **TYPE** or **PRINT** in **BLOCK LETTERS** and fax or email to  
Target Conferences Ltd., PO Box 29041, Tel Aviv 61290, Israel  
Tel: +972 3 5175150, Fax: +972 3 5175155, email: earsel@targetconf.com

Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Title:  Prof  Dr  Mr  Ms

Full Mailing Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

I/We require accommodation at the:

Renaissance Tel Aviv  Grand Beach  Metropolitan  SeaNet

Single room (one person)  Double room (two people) \*

\* I will share my accommodation with \_\_\_\_\_

Check-in date: \_\_\_\_\_ Check-out date: \_\_\_\_\_ No. of nights: \_\_\_\_\_

### OPTIONAL TOURS

Tour A, Christian Sites, March 14 \_\_\_\_\_ number of participants

Tour B, Jerusalem  March 15 or,  March 19, \_\_\_\_\_ number of participants

I/we am/are participating in the Closed Workshops:

ISIS, Thursday, March 19  HYPERINT, Thursday, March 19

I have registered for **Field Trips** on the EARSeL Website:

Field Trip 1, Dead Sea Area, March 20

Field Trip 2, Ramon Crater, March 21

Flight details (please provide when available):

Arrival date: \_\_\_\_\_ Airline/Flight No: \_\_\_\_\_ at \_\_\_\_\_ hours

Departure date: \_\_\_\_\_ Airline/Flight No: \_\_\_\_\_ at \_\_\_\_\_ hours

All requests for accommodation and tours must be accompanied by a deposit of US\$ 200 per room, and full payment for the tours.

Target Conferences Ltd. does not coordinate shared accommodation.

### Method of Payment:

Cheque, payable to **Target Conferences Ltd.**, herewith enclosed.

Bank Transfer of US\$ \_\_\_\_\_ made as follows:

Bank Leumi, North Branch, 87 Ben Yehuda Street, Tel Aviv, Israel

to account number 804-341500/08 (Copy Enclosed)

Credit card, Charge US\$ \_\_\_\_\_ as below:

American Express  Diners Club  MasterCard  Visa

Credit Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

CVV Number (Last 3 Numbers on back of card) \_\_\_\_\_

I have read and understood the terms and conditions

Signature \_\_\_\_\_ Date \_\_\_\_\_