



Registration form – MED 2019 – 1-4.7.19

Conference code: _____

Date:

Dear Mr./Mrs.

Thank you for your apply

In order to register to the MED 2019 conference, at Palm Beach Acre hotel, please fill-in the following:

Reservation details:

Name _____

Number of guests _____

Telephone no. _____

Mail address _____

Credit card details:

Type of credit card: _____

Number: _____

Expire date: _____

Card owner full name: _____

Card owner passport/ ID no. _____

Card owner signature: _____

Amount to be charged: _____

Please sign this document & return it by fax 04-9815820 or mail to reservation1@palmbeach.co.il , with copy of your credit card.

Kind regards,

Palm Beach Acre hotel – reservation department