

Registration Form for Israeli Participants

The **Registration Form** should be printed out, completed, signed and returned **before OCTOBER 05, 2014** by using **one** of the following ways:

- Email to **random.matrices@gmail.com** as (scanned) attachment. PDF format is preferable.
- Fax: + 972.3.502.6714

You will be informed about safe arrival of your registration form within 24 hours. Please contact us if you do not receive a confirmation.

PARTICIPANT: Contact Information

Prof. Dr. Mr. Ms.

SURNAME (please underline)

University / Institute / Company

FIRST NAME

Department

Postal Address: Home Work (please specify postal/zip code)

Fax

Telephone

Email

PARTICIPANT: Attendance (arbitrary combination of 4 options is allowed)

Oct 23 Meals Package A* OR Full Board Accommodation (night 22/23)

Oct 24 Meals Package B** OR Full Board Accommodation (night 23/24)

Oct 26 Meals Package A* OR

Full Board Accommodation (night 25/26)

+ Workshop Dinner Supplement US\$ 18, VAT included (Oct 25)

Oct 27 Meals Package B** OR Full Board Accommodation (night 26/27)

Full Board Accommodation includes dinner on arrival day + breakfast, lunch and refreshments next day

* **Meals Package A** includes lunch, dinner and refreshments [US\$ 35, VAT included]; can be purchased upon arrival

** **Meals Package B** includes lunch and refreshments [US\$ 18, VAT included]; can be purchased upon arrival

Date: _____

Signature: _____