LOGOS

Hotel in Yad HaShmona

UzyFest-85: Random Matrices and Random Graphs in Quantum Systems

Research Workshop of the Israel Science Foundation

November 29 - December 4, 2026

HOTEL ACCOMMODATION FORM

SUBMISSION DEADLINE

Return this form by **23:59** (Jerusalem time) on **October 23, 2026**

SEND THE COMPLETED FORM

Email: **info@yadha8.co.il**

Copy: **random.matrices@gmail.com**

Fax: **+972 2 534 3959**

PASSPORT COPY

To expedite check-in, email a scanned passport copy to **random.matrices@gmail.com**.

PARTICIPANT DETAILS

TITLE ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

SURNAME / FAMILY NAME

FIRST NAME(S)

ADDRESS TYPE ☐ Home ☐ Work

STREET AND NUMBER

P.O. BOX

POSTAL / ZIP CODE

CITY

COUNTRY

TELEPHONE (OFFICE)

TELEPHONE (HOME)

FAX

EMAIL

HOTEL RESERVATION

Check-in: from 15:00

Check-out: Sunday-Friday by 11:00; Saturday by 13:00

ROOM TYPE ☐ Single room ☐ Double room ☐ Shared double room with another participant

OVERNIGHT STAY	Nov 28-29	Nov 29-30	Nov 30-Dec 1	Dec 1-2	Dec 2-3	Dec 3-4	Dec 4-5
SELECT NIGHT	☐	☐	☐	☐	☐	☐	☐
BOARD PLAN	☐ BB ☐ HB ☐ FB	FB only	FB only	FB only	FB only	FB only	☐ BB ☐ HB ☐ FB
ACCOMPANYING GUEST	☐	☐	☐	☐	☐	☐	☐

ACCOMPANYING PERSON'S NAME (IF APPLICABLE)

Board plans: BB = bed and breakfast; HB = half board; FB = full board. FB is the only available board plan for the nights Nov 29-30 through Dec 3-4.

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PARTICIPANT NAME

ROOM RATES AND SHARING

ROOM RATES (USD)

Board	Single room	Double room
FB	315	350
HB*	300	320
BB*	275	290

HB / BB: available only Nov 28-29 and Dec 4-5. **Israeli participants:** add 18% VAT.

ROOM SHARING

A double room may be shared by two workshop participants. Each participant must submit a separate form and enter the same agreed roommate's name below.

AGREED ROOMMATE'S FULL NAME

Each guest will be charged **one-half of the applicable double-room rate**.

HOTEL CANCELLATION AND CARD AUTHORIZATION

By signing this form, you authorize **Yad Hashmona Hotel** to charge the credit card provided below for the outstanding balance of the services ordered, three days before arrival.

Cancellation received 15 or more days before arrival: **full refund.**

Cancellation received 14 days or fewer before arrival: **charges below apply.**

Single room	USD 180 x number of nights
Double room	USD 200 x number of nights
Shared double room	USD 100 x number of nights, per guest

Submit cancellations or changes by email to **info@yadha8.co.il**, with a copy to **random.matrices@gmail.com**, or by fax to **+972 2 534 3959**.

PAYMENT DETAILS

Complete this section only if your stay is not fully covered by the workshop budget. Questions: random.matrices@gmail.com

CARD TYPE ☐ Visa ☐ Mastercard ☐ American Express ☐ Diners

CARD NUMBER

EXPIRATION (MM/YY)

CVC / CVV

NUMBER OF INTEREST-FREE PAYMENTS ☐ one ☐ two

NAME AS SHOWN ON CARD

PASSPORT NO. / ISRAELI ID NO.

NATIONALITY

COMMENTS

By signing below, I confirm that the information provided is correct and accept the authorization and cancellation terms stated above.

DATE

SIGNATURE