

3rd International Anglo-Israeli Symposium ♦ New Horizons in Cardiovascular Diseases
Dan Caesarea Hotel ♦ October 3-4, 2011
www.isas.co.il/uk-il_cardio2011

Dear Colleague,

This two day symposium on "New Horizons in Cardiovascular Diseases" will bring together leading experts from both the UK and Israel to present the latest advances in the field.

Twenty UK cardiologists & cardiovascular surgeons and twenty Israeli professors will participate in this important symposium.

The event has the support of the British CVS and the Israel Heart Society. The aim is to exchange scientific data and bring about a rapprochement between experts of both countries.

Please see www.isas.co.il/uk-il_cardio2011 for program updates.

Registration fee of £400 includes participation in all conference sessions, conference materials, 2 lunches, gala dinner and coffee breaks. The fee is valid until September 1, 2011, after September 1 the fee will be £500. Please note that payments made by credit card will be charged in US Dollars according to the exchange rate on the date of transaction.

Hotel accommodations are available at the conference venue, Dan Caesarea Hotel and include bed, full Israeli buffet breakfast and 15% service charge. Single Room - £150; Double Room - £160

Cancellations: Cancellations must be received in writing, via fax, email or post.
Registration cancellations received before September 25 - 50% refund
No refund for cancellations received after September 25.
Hotel cancellation received before September 25 - full refund less £40
Hotel cancellation after September 25 - possibly one night cancellation fee



Registration Form

Please print in block letters and return to Secretariat:
ISAS International Seminars, POB 574, Jerusalem 91004, Israel
Tel: +972-2-6520574, Fax: +972-2-6520558, email: register@isas.co.il

Surname _____ First Name _____

Email _____

Place of Work _____

Mailing Address _____

home work

City _____ Postal Code _____ Country _____

Mobile Tel _____ Fax _____

Please reserve a single double room* at the Dan Caesarea Hotel.

Check in date _____ Check out date _____ # of nights _____

I will share my room with* _____

* It is the sole responsibility of the participants to find a roommate. In the absence of a roommate, single occupancy price will be charged.

Registration Fee: £ _____

Hotel Accommodations: £ _____

Total: £ _____

Enclosed please find my check payable to ISAS International Seminars

Bank transfer to ISAS International Seminars

Bank Leumi, Domestic Private Banking Jerusalem Branch #687,
Account Number 9400/41, 19 King David St., Jerusalem Israel,
SWIFT Account: LUMIILIT, IBAN CODE: IL790106870000000940041

Charge my credit card: VISA DINERS MC AMEX

Card Number: _____

Expiration: _____ Signature: _____