



INTERNATIONAL POLICE ASSOCIATION

Israel Section

37 Shearit Israel St. Tel-Aviv 68165

Website : www.ipa-israel.org.il

E- mail : info@ipa-israel.org.il



IPA ISRAEL REGISTRATION FORM FOR THE 20th IPA WORLD CONGRESS From 4th to 9th September 2012 - Eilat, Israel

Because of limited availability, please register as soon as possible and in any case before **31/03/2012**

To be completed for each person:

Surname: _____ Forenames: _____

Telephone: _____ Fax: _____

E-mail: _____

Address (including Postcode): _____

Section: _____ your position today (not I.P.A): _____

Passport no': _____ valid: _____

Language: English French German Spanish

You are:

PEB member Delegate Observer Visitor Guests interpreter

Date of Arrival: ___/___/___

Date of Departure: ___/___/___

ACCOMMODATION:

Double room (€650) per person - sharing with: _____

Single room (€800)

- **Bank transfer fees must be added to the price.**

RESERVATION:

Please transfer your deposit for €300 to the bank account detailed below **before 31/03/2012**.

Your registration will only be considered **after** payment of the deposit.

The balance is due by the **30/06/2012**.

If the **balance is not received** by **30/06/2012** the registration will be **cancelled**.

REGISTRATION to be SENT to:

E-mail: info@ipa-israel.org.il (Subject: The 20th IPA World Congress - 2012)

I agree to the conditions detailed on page 2.

Date: _____

Signature: _____.



Conditions

- Registration form to be completed for each person.
- **31/03/2012:** Deadline to submit registration by E- mail.
- **Do not pay directly to the hotel.**
- Extra days, before 4th September, or after 15th September, should be advised as soon as possible for pre-booking procedure. Please forward the details of your stay.
- **Extra nights will be charged as be published at IPA- Israel website- www.ipa-Israel.org.il.**
- Please send a copy of your bank transfer by E-mail. Confirmation will be sent by E-mail.
- **30/06/2012:** Balance should be transferred.
- **31/07/2012:** We need your **travel details by E-mail**, to organize transfers.
- **30/06/2012:** In case of withdrawal before **30/06/2012**, the deposit will be refunded with the exception of €100 administration costs. Without written withdrawal and balance payment by **30/06/2012**, the deposit will not be refunded and the reservation will be cancelled.
- **Insurance:** Insurance is not included. We advise to have an Insurance Policy.

BANK ACCOUNT TRANSFER

The payments should be transferred to the bank account below.

€300 deposit before **31/03/2012**.

The balance by **30/06/2012 latest**.

The registration will considered after deposit payment. The number of places is limited.

BANK ACCOUNT DETAILS:

- **Name Account:** I.P.A- INTERNATIONAL POLICE ASSOCIATION
- **Bank Name:** Hapoalim
- **Address:** 16 Shderot Jerusalem St. Tel-Aviv- Jaffa, Israel.
- **Swift (BIC) Code:** poalilit
- **Bank code/ no.:** 12 - 611
- **Account No.:** 210217
- **IBAN:** IL49-0126-1100-0000-0210-217
- **Currency:** **EURO** (Only Euro currency accepted)

Comments:

Date: _____

Signature: _____.