

Guest Application Form

Guest:

Last name:	First name:	Country:	Passport #:
Position: Prof. / Dr. / _____	Gender: Male/Female	Date of Birth:	Telephone #:
E-mail:	Arriving with Partner: Yes / No	<input type="checkbox"/> First visit <input type="checkbox"/> Return visit	Purpose of visit: <input type="checkbox"/> Conference <input type="checkbox"/> Research Cooperation <input type="checkbox"/> Study

Host:

Full Name:	Position: Prof. / Dr. / _____	Department:	Office #:	E-mail:
	I.D: _____		Cell #:	
Additional contact:	Position:	Office #: Cell #:	Fax #:	E-mail:

Requested accommodation period:

Check in: _____ check out: _____ Number of nights: _____

Payment Method:

- Payment by the guest via: **Credit Card / Mail payment voucher**, In case of **non-payment** or **any damage** by the guest, the payment will be charged to the budget number:

(In the case of clause 8, approval is required from the Director of Research and Development)

- Payment by the host from budget number: _____

(In the case of clause 8, approval is required from the Director of Research and Development)

Approval of the Director of Research and Development: _____

Comments:

- ✓ The guest must have valid health insurance during his stay in the University.
- ✓ Please inform us in writing in the case of any change/cancellation least 24 hours in advance .
Failure to do so will result in the charge being made.
- ✓ Loss or non-return of a magnetic card will be charged at NIS 20.