



Beams and High-Frequency Methods for Large Antennas

November 29 – December 4, 2015, Tel Aviv University, Tel Aviv,
Israel

REGISTRATION FORM

Please fill out this two-page form and return it by email to Ms. Anastasia Levin AntennasTAU@gmail.com (with a copy to Prof. Amir Boag boag@eng.tau.ac.il), before November 20, 2015. *Early registration will be greatly appreciated.*

(Please, Type or print in BLOCK LETTERS)

Title: _____ First Name: _____ Last Name: _____

Affiliation: _____

Address: _____

Zip Code: _____ City: _____ Country: _____

E-mail: _____ Phone: _____ Fax: _____

DORMITORY ACCOMMODATIONS:

Limited number of rooms is available in the students' dormitory. The rate for a single room is approx. 50 EUR per night. Please advise below the dates of your stay. We also need details of your credit card (on the next page) in order to guarantee the reservation.

Check-in Date: _____

Check-out Date: _____



European School of Antennas – ESoA

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PAYMENT

Registration fee includes hand-outs, lunches, a social dinner, and tour on Dec. 4.
Please, check the appropriate box (☒) as applicable:

| | | |
|--------------------------------|-------|--------------------------|
| Student or University Employee | € 440 | <input type="checkbox"/> |
| Industrial Participant | € 880 | <input type="checkbox"/> |

Please select one of the two payment options (by checking the appropriate box (☒)):

☐ **Payment by transfer to bank account:**

Bank Name: HAPOALIM
Bank Code: 12
Branch Code: 778
Address: 6 Bart Str., Ramat Aviv, Tel Aviv 69104, Israel
Account Number: 8800
Account Heading: TEL AVIV UNIVERSITY
Swift Code: POALILIT
IBAN: IL74-0127-7800-0000-0008-800

Very Important: The name of the attendee and the reference code ('ESOA2015BAHFM') must appear on the bank transfer and all costs of the bank transfer are to be charged to the issuer. After the payment is completed please send an electronic scanned copy of the receipt to the attention of Anastasia Levin AntennasTAU@gmail.com and Amir Boag boag@eng.tau.ac.il. Please perform the payment before November 20th, 2015. Thank you.

☐ **Payment by Credit Card** ☐ **Dormitory guarantee by Credit Card**

Please fill the following information:

Credit Card Type: _____
Name of Credit Card Holder: _____
Card Number: _____
Expiration Date: _____
CVC/CVV/CID (3 or 4 digits): _____

NAME

SIGNATURE

DATE