



Date: _____

U-tel Guest application form

Applicant:

Last name:	First name:	Country:	Passport #:
Position:	Gender: Male/Female	Date of Birth:	Telephone #:
E-mail:	Arriving with Partner: Yes / No	Partner's name:	Partner's passport #:

Host:

Full Name:	Department & Position:	Cell #:	Home #: Office #:	E-mail:
Additional contact:	Position:	Contact #.	Emergency #.	Fax #:

Requested accommodation period:

From: _____ to: _____ Number of nights: _____

Payment Method:

- Payment by the guest via: **Credit Card / Mail payment voucher**
(In case of non-payment by the guest, the payment will be charged to the budget number:
_____).
- Payment by the host from budget number: _____

Host signature: _____

Request validation:

Date: _____

Your request for U-tel accommodation has been authorized, apartment No. ____ floor ____

Comments:

Please ensure that the guest has valid health insurance during his stay in the University.

Please inform us in writing in the case of any change / cancellation. Failure to advise on any change/cancellation will result in the charge being made.

Mali Lahav
Coordinator of Guest Apartments

:For information on accommodations offered by the BGU refer to
<http://in.bgu.ac.il/logistics/u-tel/Pages/default.aspx>