



הכנס השנתי של
האגודה הישראלית
לפרזיטולוגיה, פרוטוזואולוגיה
ומחלות טרופיות



The Annual Meeting
of the Israel Society for
Parasitology, Protozoology
and Tropical Diseases

10.5.2026 | אקספו ת"א ביתן 10

Registration Form

Please mark your choice, complete all details in CAPITAL LETTERS and send to:

E-mail: registration@lssta.onmicrosoft.com

Registration forms must be submitted by May 1st

Personal Details:

Surname:		First name:	
[] Prof. [] Dr. [] Mr. [] Ms.		E-mail:	
Medical Center/Organization/Company		Job Title/Position	
Mobile:		Address:	
City:	Zip code:	Country:	

Conference participation Fee:

Early Registration fee – **Until 20.4.26**

Single participant	ILS 290
Single participant for Pensioner /Student / Nurse	ILS 230

Late Registration fee – **From 21.4.26 Until 3.5.26**

Single participant	ILS 340
Single participant for Pensioner /Student / Nurse	ILS 270

Dietary information

All meals served during the formal program are Kosher

Please indicate your dietary preferences (you can choose more than one) *

No special requirements / Vegetarian / Vegan / Gluten free / Sugar free /

Other: _____

Summary and payment

Total Amount to pay: _____



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Payment and Cancellation Policy

Payment Processing

- o All payments will be processed on March 1st by Issta Sport.
- o Payments are made in ILS.
- o Advance cancellations will be refunded. No shows on the day will be charged in full.

Payment*:

Credit Card: Visa/MasterCard/American Express/Diners

Card number: _____

Expiration date: _____ Name on card *: _____

CVV: _____ Date: _____

Card holder national identity number * _____

Number of installments (1-3): _____

Signature: _____