

To: The guest apartments coordinator

Date: _____

Request Form: Room for guest in a guest apartment in the university dormitories

- Last name: _____ First name: _____
Sap ID: _____ Country: _____
Email: _____
 Male Female Couple
- I would like to book a room in (please mark):
 Couple in double room Single in double room
 Single in single room (2 rooms apartment) Single in single room (3 rooms apartment)
- Accommodation Period from _____ until _____
Hosts name: _____ Occupation: _____
Faculty / Department / Unit: _____ Phone: _____
Name and phone for Emergency contact (mobile only): _____
- Choose the way to charge the hosting cost: (please mark)
 The guest will pay privately on his / her expense. For the case of non-payment by the guest, please provide a budget / research number: _____ of the host unit.
GL number: _____
- The hospitality will be paid from the budget / research number: _____
GL number: _____
- Please Note :
 1. This reservation will result the rejection of other guests, and its later cancellation may cause considerable damage to the dormitories. Any change / cancellation must be notified in writing / fax up to **two weeks** prior to the occupancy date, otherwise the guest will be charged a cancellation fee, as follows: Cancellation less than two weeks prior to the date, will be charged 25% of the total cost of the reservation. Cancellation less than one week before the date will be charged a fine of 50% of the total cost of the reservation. Cancellation of one day prior to the date, will be charged a fine of 100% of the total cost of the reservation
 2. All Guests must present prior to arrival an Israeli Medical Insurance Policy from **Harel Yedidim** or any other policy from an Israeli health Insurance Company.
 3. The guest is obligated to act according to the dormitory laws and code of Conduct.
 4. To coordinate how to receive the key, please contact (during working hours) Ms. Dalit Oster, the guest apartments coordinator - Phone: internal 8080 external 04-8288080 or by email – doster@univ.haifa.ac.il
- **Signature of Head of Administration / Budget / Pledged:**

Name: _____

Signature and stamp: _____