

THE IP-ISRAEL GROUP

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1

Please register me for the IP-Israel January Seminar, Thursday January 22nd 2009, 18:00-21:00 pm at the Beck Science Center

Name and Title:

Organization.:

Address:

City State ZIP Country

Telephone (.....).....Fax (.....).....

E-mail:

Signature of applicantDate

Number of seminar reservations at 380 NIS (US\$95) each (One application is good for all, but we must have the full name of each person covered by this application. Use a separate sheet if required.)

Total NIS Total US\$.....

Make Checks payable to: IP Israel Group

I am enclosing in ___ cash ___ check ___ money order ___

I wish to pay by Visa card Card no.

Exp. date/.....

We will require _____ parking spaces

Preferred Language of Seminar

English

Hebrew

Comments/Special Needs.....