



corona
inspection
training
institute

Registration Form

Please send your completed registration form together with the appropriate payment for the Users Group Meeting to Ofil via fax, mail or email

Please provide the following information:

Name: _____

Title/Department: _____

Organization: _____

Address

Street: _____ State: _____

Zip: _____ Country: _____

Phone: _____

Fax: _____

E-mail: _____

Registration Instructions:

Via fax:

Please fax this form to:

+972-8-940 7873 (Israel)

or

1-888-950 5557 (USA)

Via e-mail:

Please attach the form to your message and forward it to: **marcom@ofilsystems.com**

Via Mail:

Please send the form to:

Ofil Ltd.

Att. Hannah Barzilay
P.O.Box 4016
Nes Ziona
Israel 74140

Registration Fees:

The registration fees per person are:

(Please check the appropriate box)

\$1600 regular participant

Method of Payment:

MasterCard VISA American Express

Cardholder's Name _____

Card Number: _____

Expiration date: _____

Signature of cardholder _____

Card holder's ID _____

Card's rear side code _____

Billing Address

Wire transfer

Pay to:

Ofil Ltd.

Bank Hapoalim

Nes-Ziona 12/636

Account no. 567788

Routing code: *POALILIT*

Please note: Refunds will not be given for cancellations received after September 1st, 2009