



## ISRAELI LEAGUE AGAINST EPILEPSY CONFERENCE

January 30, 2019

Daniel Herzliya Hotel, Israel

### REGISTRATION FORM

הטופס הינו באנגלית, כיוון שאנו צריכים להעביר את שמות החברים ופרטיהם  
לליגה הבינלאומית למניעת אפילפסיה.

Please **TYPE** or **PRINT** in **BLOCK LETTERS** in ENGLISH and return to EPILEPSY,  
Fax: 03-5175155 or e-mail: epilepsy@target-conferences.com

First Name \_\_\_\_\_

Family Name \_\_\_\_\_

Title:  Prof  Dr  Mr  Mrs  Ms

Institution \_\_\_\_\_ Department \_\_\_\_\_

Full Mailing Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

#### REGISTRATION FEES

#### Before

January 13, 2019

#### After

Participant	<input type="checkbox"/> 150 NIS	<input type="checkbox"/> 200 NIS
Resident	<input type="checkbox"/> 80 NIS	<input type="checkbox"/> 100 NIS
Student	<input type="checkbox"/> 80 NIS	<input type="checkbox"/> 100 NIS
Pensioner	<input type="checkbox"/> 80 NIS	<input type="checkbox"/> 100 NIS
Nurse	<input type="checkbox"/> 70 NIS	<input type="checkbox"/> 90 NIS
Technician	<input type="checkbox"/> 70 NIS	<input type="checkbox"/> 90 NIS

#### METHOD OF PAYMENT

Cheque, payable to **Target Conferences Ltd.**, herewith enclosed

Charge NIS \_\_\_\_\_ to **credit card** as below:

American Express  Diners Club  MasterCard  Visa

Credit Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Numbers on back of card \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_