



Techshoret Communicators Conference

Email: tcc@techshoret.com

Fax: 02-535-5116

Techshoret Communicators Conference 2009

Date: Thursday, February 26, 2009
Location: Jerusalem Convention Center (Binyanei Ha'Uma)
Time: Registration: 8:00 - 9:00 a.m.
Opening Session: 9:00 a.m.
Conference Program: 4 sessions and lunch (including 3 different Topic Tracks for each session).
Closing Session and Raffles: 5:15 - 6:00 p.m.
Cost: 560 NIS including VAT (Discounted Price - till Feb. 15, 2009)

Registration Details

To register, fax this form to: (02) 535-5116. Payment can be made by bank transfer or by check. Payment on the day of the conference is not included at this rate. The full conference price is 670 NIS and is applied to all registrations paid after February 15 (including at the conference or after). Please complete one form per person and fax to: 02-535-5116.

Note: Because Techshoret is not (yet) an amuta, WritePoint Ltd. has agreed to handle the accounting issues. Checks should be made out to WritePoint Ltd. Tax receipts will be issued by WritePoint for all monies collected and the funds will be transferred to an amuta or legal entity if/when that is finalized. Monies collected above the costs for hosting the conference will be used for future programming - much of which will be announced at the conference.

Name of attendee: \_\_\_\_\_

Status: ( ) Employee ( ) Freelancer ( ) Other \_\_\_\_\_

If employee, please provide the name and mailing address of the company:

Company name: \_\_\_\_\_ Your position: \_\_\_\_\_

Your email: \_\_\_\_\_ Your phone: \_\_\_\_\_

Company address: \_\_\_\_\_

Contact person who authorized your attendance: \_\_\_\_\_

Contact email address: \_\_\_\_\_ Phone: \_\_\_\_\_

If freelancer, please provide the name and mailing address that should appear on the tax invoice/receipt:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail payment to: WritePoint Ltd., Rechov Hartom 9, POB 45094, Har Hotzvim, Jerusalem 91451

Approved by: (if required by company accounting/purchasing department)

Name: \_\_\_\_\_ PO#: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_