

Seminar Registration Form

Please fill in all fields and return to: info@dairyschool.co.il

SEMINAR AND PARTICIPANT DETAILS

Name of Seminar: Date of Seminar:

Name: Surname:

Date of Birth: Passport No:

Nationality:

Home Address:

Country: Postal code:

Company/Organization:

Main Job Responsibilities:

E-Mail:

Tel: Skype ID:

How did you learn about the seminar?

PAYMENT DETAILS

How do you like to pay? Card Bank transfer We will send you our bank details.

Please charge me for the amount of:

Card holder's name (as on card):

Credit Card: Visa Mastercard

Card # Exp. Security Code

Date: I agree to the terms of payment and cancellation

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