



Oct 27 - Oct 29, 2009 Baltimore MD USA

## 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**