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# *Jump and swim*

## **USB Peripheral Design**

Registration form

To: Dr. Gal Ben-David  
Fax: +972-4-9860401

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

First Name: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Department: \_\_\_\_\_

e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Cellular: \_\_\_\_\_ Fax: \_\_\_\_\_

I would like to register to the four days course Jump and swim USB Peripheral Design, taking place at Sheraton City Tower hotel, Ramat Gan. On Wednesday-Thursday, April, 6,7,13,14 , 2005 – between 09:00-16:50. Course price is 4,000 NIS +VAT

Registration may be canceled until March 31<sup>st</sup>, 2005. Beyond that we shall be charged in full.

Payment – 30 days from invoice date.

Company \_\_\_\_\_

Purchase order # \_\_\_\_\_

Full address \_\_\_\_\_

\_\_\_\_\_

Authorized signature : \_\_\_\_\_