

APPLICATION FORM

This form should be completed in English and sent to:

IMEC-20 Conference Secretariat - c/o Diesenhaus-Unitours - Conventions Department

Raoul Wallenberg 24, Tel Aviv 6971920; Phone: +972-73-3945279; +972-3-5651313; Fax: +972-3-5610152 E-mail: <u>oritg@diesenhaus.com</u>

Please type or write in CAPITAL letters

be charged. Thereafter – charge of full exhibition fee.

Signature _____

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Company Name:		·····	
Contact Name:	Position	Position:	
Address:			
City:	Zip Code	Zip Code:	
Telephone:	Mobile:	Fax:	
E-mail:	Website:		
VAT Company Number: (m	andatory)		
RATE: NIS 8,000 including	VAT for each exhibition area of 6m² (o	open space, 3m wide x 2m deep)	
EXHIBITION AREA: Number	er of exhibition areas requested	Area number	
		n English (JPG high resolution and vector	file)
	with this form. The balance is due by pition space is limited and early booking		
FIBI - The First Internation Account Number: 007922;	to Diesenhaus-Unitours Incoming Tou al Bank of Israel Ltd. – Asakim Merkaz Address: Itzhak Sade 7, Tel Aviv 6777 XX; IBAN Code: IL1900310480000000	branch 048 7508, Israel	
[] Credit Card (up to 4 pa	ayments)		
Please charge NIS	Visa/Diners Club	☐ Master Card ☐ American Express	;
Number	Expiration Date	Last 3 digits on back of card	
Name on Credit Card	ID Nun	ID Number of card holder	
CANCELLATION POLICY For a written cancellation	received in writing before December 2	24, 2024: 50% of the full exhibition fee v	will

Note: By signing this APPLICATION FORM, we accept the Terms and Conditions detailed below.