



**BASICS OF MRI HOW I DO IT ? G.I. IMAGING
TEL AVIV MAY 19th 2016**

**CROWNE PLAZZA TEL AVIV CENTER
136 Mechachem road Azreli Center Tel AVIV**

REGISTRATION FORM FOR THE MEETING “HOW I do IT”:

Please fill this form with CAPITAL LETTER and return it :
FAX: 972-3-546 02 54 or email: fred@privilege-tours.co.il

Name :

.....

First name:

.....

MD Technologist

Institution Medical Center

email:

.....

FEES

**Free if you are AFIMM member for 2016
120NIS (give right to course,lunch,coffe break,and Parking)**

How to pay?:

Credit card (Visa/Mastercard only)

Card Number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_| cryptogram |_|_|_|

Date of end (MM/AA) |_|_| |_|_|

Name of the card:.....

I authorize the owner of the card debit on the sum of 120NIS

Date: __/__/__

signature :

Important: Please keep this form with you when registering May 19th