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| --- | --- | --- | --- | --- | --- | --- |
| **Purchase Order for Conference Registration - International** | | | | | | |
| stier-logo-final-ENG color  Stier Group LTD.  BN no.: 55772405  12 Tversky St. Tel Aviv 67210, Israel  Tel: +972-3-5626090 Fax: +972-3-5615463  Email: expo@stier-group.com  Web: www.stier-group.com | | Conference Name: MDR&D 2020 Conference | | | | |
| Conference Venue: Intercontinental Hotel Tel-Aviv, Israel | | | | |
| Conference Date: October 19, 2020 | | | | |
| * Please fill all the fields and details of the participants in the appendix fully. * Payment must be received within 5 business days from the day of order submission or within 14 days from the date of the conference, whichever prior. * Please send the purchase order by e-mail: [conventions@stier-group.com](mailto:conventions@stier-group.com) * Registration & Cancelation policy: <https://www.stier.co.il/mdr-d/wp-content/uploads/sites/27/2020/02/LSIE-2020-RegistrationCancellation-Policy-International.pdf> | | | | |
|  | | | | | | |
| **Please send signed to:** [**conventions@stier-group.com**](mailto:conventions@stier-group.com) **or fax +972-3-5615463**  **Details of obligated company / details of tax invoice:** | | | | | | |
| Company Name: | | | | Participant’s Name: | | |
| Participant’s Title: | | | | Participant’s Email: | | |
| Participant’s Mobile #: | | | | Country: | | |
| Name of Accounting Manager (if paying by bank transfer): | | | | Mailing address for tax invoice: | | |
| Accountant telephone: | | | | Accountant Email: | | |
| **Cost of participation in the conference** | | | | | | |
| **Early registration (Until September 1, 2020)** | | | | **Late registration (Until October 14, 2020)** | | |
| **Price per participant:**  **\_\_\_**October 19: $190 (until September 1, 2020) | | | | **Price per participant:**  **\_\_\_** $225 (until October 14, 2020) | | |
| \*\*Please complete one form per participant | | | | **Total payment: \_\_\_\_\_\_\_\_** | | |
| **Please choose one of the following workshops:**  \_\_ Workshop I: Regulation of Digital Health  \_\_ Workshop II: How to Build a Winning Patent Portfolio | | | | \_\_ Workshop III: Minimally Invasive Delivery System from Concept to Manufacturing  \_\_ Workshop IV: Digital Healthcare – from Idea to Product | | |
| **Please Choose Form of Payment:** | | | | | | |
| |  |  | | --- | --- | | **[ ] Credit Card** | | | **Card holder name:** | | | **[ ] Isracard [ ] Visa [ ] Mastercard** | | | **Credit card number:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | **Expiration Date:** | **CVV:** | | | | | | | |
| **If company pays via purchase order, payment must be received within 5 business days from the order submission:** | | | | | | |
| **[ ] Bank Transfer** | | | | | | |
| Beneficiary: **I.I Stier Group LTD.**  Bank Name: Bank Hapoalim B.M.  Bank Address: 37 Menachem Begin, Tel Aviv, Israel  Branch Name: LINCOLEN | | | | Branch Code: 772  IBAN (Account number): IL56-0127-7200-0000-0422-240  Swift Code: POALILIT | | |
| **\*** Bank charges are the responsibility of the participant and should be paid at source in addition to the registration fees. | | | | | | |
| **We, the undersigned, hereby confirm the above order:** | | | | | | |
| **Company stamp** | **Name** | | **Signature** | | **Function** | **Date** |