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| **Purchase Order for Conference Registration - International** |
| stier-logo-final-ENG colorStier Group LTD.BN no.: 5577240512 Tversky St. Tel Aviv 67210, IsraelTel: +972-3-5626090 Fax: +972-3-5615463Email: expo@stier-group.comWeb: 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
* Registration & Cancelation policy: <https://www.stier.co.il/mdr-d/wp-content/uploads/sites/27/2020/02/LSIE-2020-RegistrationCancellation-Policy-International.pdf>
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| **Please send signed to:** **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:**   |
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|  **[ ] Credit Card** |
| **Card holder name:** |
|  **[ ] Isracard [ ] Visa [ ] Mastercard** |
|  **Credit card number:**

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| **Expiration Date:** |  **CVV:** |

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| **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, IsraelBranch 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** |