

"EXPERIENCE ISRAEL"

Authorized by MOD Israel



Experience Israel Training Tour 2010

April 11th to April 16, 2009, Israel

REGISTRATION FORM

Please PRINT in BLOCK LETTERS and FAX, or Email to:

M.K. International Security Consulting Ltd.

P.O. Box 624, Elyachin 38908, Israel

Tel: +972 506 308760, Fax: +972 779308760, E-mail: marc@mkisc.com or marc@mksecurityconsulting.com

Identification

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Please fill in a separate form for each participant

Participant's details: (Please TYPE or PRINT IN BLOCK LETTERS)

Family Name Initials First Name

Title: Prof. Dr. Mr. Mrs. Ms.

Passport number Nationality

I hereby consent to my details being viewed by other participants/companies for one on one business meeting opportunities.

Mailing Invoicing Address Office Residence

Company/Organization name Position

No. Street. Suite/Apt

City State/Province Country

Postal code E- Mail Address

Telephone (office hours): Country code/city code/number

Fax: Country code/city code/number

Mobile Web

Requests and Reservation:

Vegetarian Other _____

Experience Israel Training Tour including 6 nights at the Dan Panorama Hotel in Tel Aviv, all meals, all internal transport, all access fees to attractions (Masada, Holocaust Memorial, Yad Mordechai, Lectures and Training, Tour Guides and more).

Group discounts will be available. Further information requests: marc@mkisc.com or marc@mksecurityconsulting.com



Payment

Please indicate the amount to be debited and preferred mode of payment.

Please ensure that your fully completed registration form will be accompanied by a proof of payment if this is done by Bank Transfer:

Registration Fees: USD \$3950

Total debit for the amount of: USD\$3950

By signing this form you authorize **MK International Security Consulting Ltd** to charge the below credit card for the specified amount only, irrevocably.

Option 1: Credit Card. Visa MasterCard AMEX

Card number

Expiry Date (month/year)

Full name credit card owner

Pin number (at the back of the card)

Owner credit card signature

Date (day/month/year)

Passport number

Option 2: Bank Transfer - with your full name and address indicated clearly. If payment is made for more than one person or by an agency or company, please make sure that all the names are indicated and sent fully completed including this registration form together with a copy of the bank transfer.

Please make drafts or telegraphic transfers payable to: **MK International Security Consulting Ltd., Bank Ha-poalim Branch: 620, Herbert Samuel St, Hadera, Israel**

Account Number: 509777, SWIFT Address: POALILIT

Bank charges are the responsibility of the participant. Amount to be transferred is net after charges.

Option 3: Check made payable to: "MK International Security Consulting Ltd." and sent to MK International Security Ltd., P.O. Box 624 Elyachin 38908, Israel. Please note that there is a \$100 additional fee for check payment

Enclosed cheque number:

Bank charges are the responsibility of the participant. Amount to be transferred is net after charges. **\$4050**

Important:

- Please enquire to see if you require a visa
- Please verify travel insurance coverage (recommended). We do not cover travel or baggage insurance.
- For special rates hotel/flights, different from the package offer please contact us
- Please note that your registration may be subject to security clearance

REGISTRATION, CANCELLATION AND REFUND POLICY

All registration forms must be faxed, electronically mailed or postmarked to +972 779308760 or marc@mkisc.com :

- First payment of 50% should be by 1st February 2010.
- Remaining 50% should be by the 1st March 2010.

Refund for package payment:

- Until and including March 1st 2010 – full refund (less \$100 administration costs)
- Until and including April 1st 2009 – 50% refund (less \$100 administration costs)
- No refund on cancellations after April 1st, 2010

Please note that 4 weeks prior to the Experience Israel Training Tour, your credit card will be automatically charged for payment. Participants who paid their deposit with a bank transfer or cheque are required to send full payment to **MK International Security Consulting Ltd.** not later 60 days before arrival.

Date _____ Signature _____

