

Call our call center (03) 9247780 ext. 3 if you have any enquiries.

To register for a course kindly print and fax completed form to: (03) 9247783

Delegate/s Registration Details (up to 2 delegates in a form for same event):

	Delegate 1	Delegate 2
Course/Seminar Title		
Scheduled Date		
First Name, Last Name		
Work Phone		
Mobile		
E-mail		
Department		
Position		
Cost per Attendee (*)	NIS	NIS
Total Cost	NIS	

(*) VAT not included

Company & Administrative Details: Company Name _____	
Address _____	Zip Code _____
Authorized Name: _____	Role/Position: _____
Email: _____	Telephone/Mobile: _____ / _____ Fax: _____
Authorized Signature: _____	Company's Stamp _____

TERMS & CONDITIONS FOR COURSE REGISTRATION

I. Registration

Registration form with company stamp (for corporate registrations) and signature of approving authority or applicant is to be submitted to Logtel prior to date of course commencement.

II. Cancellation by Applicant

Should the applicant decide to cancel or withdraw from the course after receiving confirmation, cancellation charges base on the notice period given below will be levied:
 During the last week days - 20% off the full cost.
 During the last 2 working days or no show – 100%, full cost.
 Cancellations must be sent in writing or electronic mail to Logtel.

III. Cancellation by Logtel

Logtel reserves the right to cancel, postpone or change the timing of the course for factors beyond its control.
 In such a case a full refund of the payment or alternative event dates will be made available.

IV. Payment Terms and training details

All Prices Subject To VAT.
 All Payments Payable to Logtel in NIS to be paid up to 30 days from date of issuing the invoice.
 The cost includes refreshments, lunch and Student materials.
 Tuition time: 09:00-17:00 daily. First day registration starts at 08:30.
 Any given course requires a minimum number of participants to make it feasible to deliver.

For Credit card Payment, please fill in:	
Check one	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Other, specify _____
Card Holder Name _____	Card Holder Address _____
Card Number: _____	Expiration Date: _____ (mm/yy)
Holders ID Card Number _____	or Company ID Number _____

This Registration constitutes your agreement to accept technology-related mails from Logtel.

Please check the box if you disagree.