

REGISTRATION FORM

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

For any enquiries, please call Arie at (03) 9247780 ext. 207 or email arie@logtel.com

Delegate/s Registration Details (up to 3 delegates in a form for same event):

	Delegate 1	Delegate 2	Delegate 3
Course/Seminar Title			
Scheduled Date			
First Name, Last Name			
Work Phone/Mobile	/	/	/
Fax			
E-mail			
Department			
Position			
Cost per Attendee (*)	NIS / TCs	NIS / TCs	NIS / TCs
Total Cost	NIS / TCs		

(*) VAT not included

Company & Administrative Details: Company Name _____

Address _____ Zip Code _____

Authorized Name: _____ Role/Position: _____

Email: _____ Telephone/Mobile: _____ / _____ Fax: _____

Authorized Signature: _____ Company's Stamp _____

If we do not have enough Xilinx Training Credits (TCs), we will pay for the training within 30 days.

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 7 working days - 30% off the full cost.
During the last 3 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 Visa MasterCard American Express Other, specify _____

Card Holder Name _____ Card Holder Address _____

Card Number: _____ Expiration Date: _____ (mm/yy)

Holders ID Card Number _____ or Company ID Number _____

