



***Where the Israeli Biomedical Industry Comes to partner...***

***Circle of Life***  
**Membership registration form 2011-2012**

**General Information**

Full Name: \_\_\_\_\_

\_\_\_\_\_

Field of Specialty: \_\_\_\_\_

Professional Description: \_\_\_\_\_

**Potential interest in the Club:**

Business  Social  Professional  Scientific

Business:  Investments  Becoming involved with startup ventures & companies  Joint ventures  Other  \_\_\_\_\_

**New member Contact Information**

Member's name: \_\_\_\_\_ Title: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Tel (Direct): \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web site: \_\_\_\_\_

Stamp & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Annual membership fee: 700 NIS +V.A.T**

**Membership renewal will entitled you for 10% discount**  
**Members will be entitled up to 50% discount on business seminars & activities**

## Terms and Conditions:

1. Please provide your payment details- credit card information to register (Visa / Master Card)
2. Membership is per member and not per company and it is not transferable
3. Payment for membership is not refundable
4. You are aware that due to the nature of the club's activities the annual agenda/events/seminars may be subject to last moment changes and modifications with no early notice
5. Please fill in and fax to (972) 3 9031741 or mail to [info@circleoflife.co.il](mailto:info@circleoflife.co.il)
6. For further information please call (972) 3 910 2646

Credit Card: Visa \_\_\_ MasterCard \_\_\_ Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_\_\_

Full Name of Card Holder: \_\_\_\_\_

ID Number : \_\_\_\_\_

Yes, I agree to join the "Circle of Life" members club:

Company Stamp & Signature: \_\_\_\_\_

**We thank you for joining us and we look forward meeting with you**

Sponsored by

