

## مشاكل الأكل والطعام الإتصال والتواصل البديل

### Details:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Position: \_\_\_\_\_ Work Place: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

### Payment Method:

Credit Card  Visa  Isracard  Other \_\_\_\_\_ \*\*

Credit Card Number: \_\_\_\_\_ Valid: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code (3 digits on back of card) \_\_\_\_\_

ID number: \_\_\_\_\_

Price: 1 Day 130 NIS 2 days 260 NIS

Signature: \_\_\_\_\_

\*\* Credit card Payments- only via Fax. 02-6494-305

Please call to make sure that the fax arrived: 02-6494-280

To register contact **Clara Firstater:** [clara@alyn.org](mailto:clara@alyn.org)

**Phone: 02-6494-280**

ALYN Hospital, 84 Smaryahu Levin st., Jerusalem