

مشاكل الأكل والطعام الإتصال والتواصل البديل

Details:

Last Name: _____ First Name: _____ Profession: _____

Position: _____ Work Place: _____

Telephone Number: _____ Mobile Phone Number: _____

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Payment Method:

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Credit Card Number: _____ Valid: _____

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

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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 **Ibrahim Adem**

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