



Life Science Connect

Maryland/Israel Development Center (MIDC) focuses 2010-2011 on cultivating life science business development between Maryland and Israeli companies.

AdvaMed – October 18-21, 2010 Registration Form

Become a part of the MIDC Israeli delegation to AdvaMed and receive additional networking opportunities and business development assistance.

Registration Fees:

Type of Company	Early Registration (until August 20)	Standard Registration (August 20 – October 15)
Emerging Growth Company, sales less than \$2 million	\$995	\$1,295
Emerging Growth Company, sales between \$2 million and \$30 million	\$1,295	\$1,595
Company with sales over \$30 million, or Service Provider	\$1,595	\$1,895

Note: There is no refund of registration fees, but registration can be transferred to another individual within the company.

Please fill in your company's information:

Company: _____

Address: _____

Attendee Name: _____

Attendee Title: _____

Email: _____

Phone: _____

Function:

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Legal | <input type="checkbox"/> Public Affairs / Policy | <input type="checkbox"/> Regulatory |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Marketing | <input type="checkbox"/> Quality & Compliance | <input type="checkbox"/> Other |
| <input type="checkbox"/> Executive/Management | <input type="checkbox"/> Product Manufacturing | <input type="checkbox"/> Reimbursement | _____ |

(over)

Sector:

- | | | |
|---|--|--|
| <input type="checkbox"/> Blood | <input type="checkbox"/> In Vitro Diagnostics | <input type="checkbox"/> Surgical |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Metabolic Disease / Obesity | <input type="checkbox"/> Vascular |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Ophthalmic | <input type="checkbox"/> Wounds Management |
| <input type="checkbox"/> Diagnostics Imaging | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Other |
| <input type="checkbox"/> Health Information Systems | <input type="checkbox"/> Neurological / Spine | _____ |

Credit card payment information (Visa or IsraCard):

Cardholder Name: _____

Card #: _____

ID#: _____ **Expiry Date:** _____

Date: _____ **Signature:** _____

Please save a copy of this completed form for your records and fax to **Signal Business Development** at 072-260-7206 or email it to anita.b@signalbd.com. For more information, call 072-260-7020.