



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	Standard Registration (August 20 – October 15)
Emerging Growth Company, sales less than \$2 million	\$1,295
Emerging Growth Company, sales between \$2 million and \$30 million	\$1,595
Company with sales over \$30 million, or Service Provider	\$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 | _____ |

Hotel:

Register me at The Legacy Hotel in Rockville, Maryland for the following nights at the special group rate of \$179 (+ taxes)/night:

- Monday, October 18 Tuesday, October 19 Wednesday, October 20

Terms and conditions: (a) This rate is only guaranteed until September 27, 2010. (b) Cancellation at no penalty 48 hours in advance of the first night. Failure to cancel enough in advance will result in charge for first night. (c) Your credit card will be used to guarantee the reservation. You will pay all actual room and incidental charges upon checkout.

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.