

MarcShoret Communicators Conference – November 2, 2008

Binyanei HaUma – Jerusalem International Convention Center

- Date:** Sunday, November 2, 2008
- Location:** Jerusalem Convention Center (Binyanei HaUma)
Jerusalem, Israel
- Time:** Registration: 8:00 – 9:00 a.m.
Opening Session: 9:00 a.m.
Conference Closing: Approximately 6:00 p.m.
- Conference Program:** 3 concurrent sessions presented during 4 different Topic Tracks (total 12 sessions). See www.marcshoret.com for details. A tentative program is currently listed.
- Cost:** 550 NIS (including VAT)
If you fax your registration form to us no later than October 29, you can save 25 NIS and pay only 525 NIS including VAT on the day of the conference.
Discount available for companies sending 3 or more participants.
- Kosher Certification:** All food will be under the strict supervision of the Badatz Eidat Charedi. Shmita and other details upon request. If someone wishes to speak directly to the mashgiach, please contact us for phone details.

Program is subject to change without notification.

We are seeking companies willing to present their product, goals, company overview briefly to a panel discussion consisting of a business coach, sales aggregator/representative, and an investor. If you are interested, please contact us at mcc@marcshoret.com.

If your company would be interested in sponsoring a table or advertising in the conference program, please contact us for details.

MCC 1st Annual Conference Registration Form

To register, fax this form to: (02) 535-5116. Payment can be made by bank transfer or check on the day of the conference. Please complete one line below for each person attending the conference and fax it to the above number.

For Employees

Please complete this section **ONLY** if you (or your group) are coming from a company; please complete one line per individual attendee: Use multiple copies if necessary.

Name of attendee: _____ email: _____

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About Your Company

Company name: _____ Company location: _____

Contact name: _____ Contact email: _____

Contact address/phone: _____

Contact person who authorized your attendance: _____

Contact email address: _____ Total number of employees attending: _____

Approved by: (if required by company accounting/purchasing department)

Name: _____ PO#: _____

Please provide the name and mailing address that should appear on the tax invoice/receipt:

Name: _____

Address: _____

For Freelancers/Students

Name of attendee: _____

Please provide the name and mailing address that should appear on the tax invoice/receipt:

Name: _____

Address: _____

Note: Form must be accompanied by appropriate tax forms.