



# Intraoperative Imaging Society

## MEMBERSHIP FORM FOR 2010

Please complete and return to the iOIS Secretariat  
Target Conferences, P O Box 29041, Tel Aviv 61290, Israel  
Tel: 03 5175150, Fax: 03 5175155, e-mail: iois@targetconf.com

Family Name \_\_\_\_\_

First Name/s \_\_\_\_\_

Title:  Prof.  Dr.  Mr.  Ms.

Dept: \_\_\_\_\_

University/Institution \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

\_\_\_\_\_

Postal Code \_\_\_\_\_ City \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

**MEMBERSHIP FEES**  **US\$ 100**

Enclosed please find a **cheque** in the amount of NIS \_\_\_\_\_  
payable to **Target Conferences**

cheque no \_\_\_\_\_ Bank \_\_\_\_\_ or

I have made a **bank transfer** of US\$ \_\_\_\_\_ as follows:  
Bank Leumi, Gordon Branch, Branch Number 804, 87 Ben Yehuda Street, Tel Aviv, Israel  
to account name, **Target Conferences**, account number 379000/70 (Copy enclosed)  
Swift Code: LUMIILIT  
IBAN # IL 18010840000037900070

Charge US\$ \_\_\_\_\_ to **credit card** as below:

American Express  Diners Club  MasterCard  Visa

Credit Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Last 3 numbers on back of card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_