



Med-Hoc-Net 2009

The 8th IFIP Annual Mediterranean Ad Hoc Networking Workshop

Registration Form

1. Personal information

Last name: _____ First name: _____

Name on tag: _____

Organization:

Qualcomm employee

Elbit employee

Other

Address:

Telephone:

Fax:

E-mail:

2. Local arrangements and payment

Expected date of arrival in Israel: _____

Expected means of payment:

Cash Credit card Personal check Bank transfer

Number of persons joining Caesarea trip and dinner (on June 29, \$40 for an Elbit, Qualcomm or Sponsors employee): _____

Interested in Galilee tour (on July 1, \$60 for a full day)

Yes No

3. Opt-in IEEE list request

Yes, please send me IEEE Communications Society membership and event promotional materials.

Please send the completed form either by e-mail to Kerensg@ee.technion.ac.il, or fax to **+972-4-8295745**. You will be contacted soon afterwards by Keren Seker Gafni.