

**Payment form for the first annual meeting of the Israeli Society for  
Cancer Research, and membership fees for 2009**  
(Send by regular mail to Ms. Hila Eini, Israel cancer association,  
7 Revivim St., Givatayim 53103)

Fill out the form below and send by **regular mail** to the address above.

Name:

E-mail address:

I hereby pay registration fees for the annual meeting of the Israeli Society for Cancer Research by one of the following methods:

1. Send a check of 150 NIS made to **Israel cancer association** (preferably in Hebrew).

**OR**

2. Provide your credit card details:

Credit card company: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Identity number: \_\_\_\_\_

Signature: \_\_\_\_\_