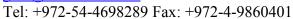
Dr. Gal Ben-David POB 82, Adi 17940, Israel

www.galium.co.il galb@netvision.net.il





Jump and swim USB Peripheral Design Registration form

	al Ben-David 2-4-9860401	Date:
First Nan	ne: Name	Title:
Company	v:	Department:
e-mail: _		_ Phone:
Cellular:		_ Fax:
	Design, taking place at S Wednesday-Thursday, A Course price is 4,000 NIS Registration may be canc charged in full. Payment – 30 days from Company Purchase order #	reled until March 31 st , 2005. Beyond that we shall be invoice date.
	Authorized signature :	