Dolphin Behavior Research Laboratory, Dolphin Reef, Eilat

Dolphin Behavior and Dolphin-Assisted Therapy
Registration Form

Please fill in the form and Fax it to: 972 8 6375921

Date of the course you wish to book: _____/_____/_____
Name of applicant (first, last): _____
Date of birth: ___/_____/_____
Occupation: _____
Address: _____
City/State/Zip: _____
County, Postal Code, Country: _____
Fax Number: _____
E-mail: _____

Deposit for the course on sum of 1000 NIS should be paid upon registration.
The rest of the payment should be paid at the beginning of the course.

Please charge my credit card with these following details:

❑Visa ❑Master Card ❑Diners ❑American Express

Card number: _____. Expiry date:____/____

Identity / passport no: _____

Sum of payment: _____NIS.

Card holder Signature: _____

* Confirmation for the course Registration will be send to you by mail

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