

1. Purchase Summary:

Quantity (Packs of 50 units)	Item	Pack Price	Total
	SituGen	US\$	US\$

2. Shipping Method: (check one)

International (regular postal) International Priority

Freight for the order is added on after the order is shipped. Freight charged is exactly what we are charged by the courier.

3. Personal information:

TITLE: Mr. Ms. Miss. Mrs. Dr. Prof.

FIRST NAME: _____.

LAST NAME: _____.

ADDRESS: _____.

TELEPHONE: _____.

4. Payment Method: (Please select one)

Check or Money Order (make payable to *SituGen Ltd.*)

Credit Card (select one): American Express Master Card Visa Card

Name as it appears on the card: _____.

Card Number: _____ expires: ____ / ____.

Signature: _____.

5. Billing Information: (same as above)

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

6. Shipping Information: (same as above)

FIRST NAME: _____.

LAST NAME: _____.

ADDRESS: _____.

_____.

7. In order to complete your order, please print and mail this form

to: SituGen Ltd. P.O.Box 65151 Tel Aviv 61650 Israel

SituGen Ltd.

At: Rad-Biomed Ltd
 27 Habarzel St. Tel-Aviv
 P.O.Box 65151 Tel Aviv 61650 Israel
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 www.situgen.com