



## Registration Form

**Name:**

Name	Middle Name	Last Name
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**Address:**

Street & number	Ext. No.	Int. No.	District
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Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

( ) ( )  
Area Code Telephone Area Code Mobile Email (Clear letter)

**Company name (if needed):** \_\_\_\_\_

**Social Security Number / RFC:** \_\_\_\_\_

**Address:**

Street	Ext. No.	Int. No.	Country
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Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Congress Registration (Please tick in the applicable space X)

Category	From May 17 <sup>th</sup> , 2018 to December 13 <sup>th</sup> , 2018	From December 14 <sup>th</sup> , 2018 to April 26 <sup>th</sup> , 2019	On Site
SMO AND PAAO MEMBER	<input type="checkbox"/> \$ 300.00 USD	\$ 350.00 USD	\$ 450.00 USD
NON MEMBER	<input type="checkbox"/> \$ 550.00 USD	\$ 600.00 USD	\$ 700.00 USD
SPEAKER	<input type="checkbox"/> \$ 200.00 USD	\$ 250.00 USD	\$ 300.00 USD
RESIDENT	<input type="checkbox"/> \$ 150.00 USD	\$ 175.00 USD	\$ 250.00 USD
ALLIED HEALTH PROFESSIONALS	<input type="checkbox"/> \$ 150.00 USD	\$ 175.00 USD	\$ 250.00 USD
COMPANION	<input type="checkbox"/> \$ 150.00 USD	\$ 175.00 USD	\$ 225.00 USD

Guest name: \_\_\_\_\_

**CANCELLATION POLICY:** An administrative fee of 25% will be charged if you cancel your registration before March 26<sup>th</sup>, 2019. After March 27<sup>th</sup> you will be responsible for the full registration fee. Cancellations must be received in writing.

**Payment Form (Please tick in the applicable space with an X)** Please bring the original deposit slip with you

Credit card charge \$

The charge will be made by B.P. Servimed, S.A. de C.V.

Card:  Visa  Master Card  American Express

Card number:

Expiration date:     Security code:       Visa y M.C. a 3 digit number found in the back of the card  
American Express a 4 digit number found in the center right of your card

Month: Year:

\_\_\_\_\_  
Card holder's name

By this promissory note I bind myself to the order of the issuer of my credit card. This promissory note derives from the current agreement in regard to the utilization of the credit card entered into by and between the issuer and the credit cardholder and represents the warranties effected by the signer in regards to the credit which was granted. Both the restitution of the amount disposed likewise the interests beared by the aforementioned amount so be fixed are estimated upon the form, terms and conditions agreed in the referred agreement. This promissory note shall only be negotiable through credit institutions.

Date: \_\_\_\_\_

Card holder's signature: \_\_\_\_\_



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