

Registration Form

Email:	
Title:	
Name:	Surnames:
Address:	
Zip code:	Country:
Telephone number:	

INVOICE DATA		
Company name (if needed):		
Social Security Number / R.F.C.		
Address:	City:	State:
Country:	Zip code:	
Telephone number:		

WE CAN'T MAKE CHANGES OR CANCEL INVOICES, PLEASE CONFIRM YOUR DATA BEFORE YOU SEND THIS FORM

Congress Registration (Please tick in the applicable space X)

Category	From December 14 th , 2018 to April 26 th , 2019	On Site
SMO AND PAAO MEMBER	<input type="checkbox"/> \$ 350.00 USD	\$ 450.00 USD
NON MEMBER	<input type="checkbox"/> \$ 600.00 USD	\$ 700.00 USD
PROFESSOR	<input type="checkbox"/> \$ 250.00 USD	\$ 300.00 USD
RESIDENT	<input type="checkbox"/> \$ 175.00 USD	\$ 250.00 USD
ALLIED HEALTH PROFESSIONALS	<input type="checkbox"/> \$ 175.00 USD	\$ 250.00 USD
ACCOMPANYING GUEST	<input type="checkbox"/> \$ 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 26th, 2019. After March 27th, 2019 you will be responsible for the full registration fee. Cancellations must be received in writing.

Prices may change without notice

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 aforesaid 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: _____

