

Congress Registration Form / Tutorials Form

Oct 30,31 – Nov 1st, 2008 – Buenos Aires, Argentina



Please complete the form and return it as soon as possible to Universidad Austral

_____		_____	
Last Name / Family Name		Address	
_____	_____	_____	_____
First Name	Other Names	Country	City
_____	_____	_____	_____
Title / Position		State	ZIP Code
_____		_____	_____
Institution / Organization		Phone (day)	FAX
_____		_____	_____
Partner Organizations (indicate your primary affiliation)		e-mail	
_____		_____	

A) REGISTRATION FEES

	Early Bird (before August)	Advance (Sep - Oct)	On-Site (after 20 th Oct) bring the registration form
Non - Member	<input type="checkbox"/> U\$S 240	<input type="checkbox"/> U\$S 270	<input type="checkbox"/> U\$S 300
Member – Partner Organization	<input type="checkbox"/> U\$S 192	<input type="checkbox"/> U\$S 216	<input type="checkbox"/> U\$S 240
Student	<input type="checkbox"/> U\$S 120	<input type="checkbox"/> U\$S 135	<input type="checkbox"/> U\$S 150
Author		<input type="checkbox"/> U\$S 135	<input type="checkbox"/> U\$S 160
Author and Member		<input type="checkbox"/> U\$S 95	<input type="checkbox"/> U\$S 120
Author and Student		<input type="checkbox"/> U\$S 80	<input type="checkbox"/> U\$S 110

Non-Member: Full registration fees for members, non-members, and students cover all events except for tutorials, designated affiliate events, and selected special events. Registration includes CD-ROM proceedings, and registration bag with materials.

Partner Organization / Member: IMIA, IMIA-lac.

Student Rate Policy: Student category is reserved for current full-time undergraduate, graduate students, and post-doctoral fellows. An official letter from the student's university or institution stating full-time status of student must accompany or follow the meeting registration form before these rates will be honored. If AAIM does not receive letter by the opening day of the meeting, the registrant will be charged full rates appropriate for the time that they registered for the meeting.

Author Rate Policy: Author rates apply only to primary authors of accepted presentations or posters, all panel participants, and invited speakers..

Send Congress Registration Form by FAX (+54) 2322-482233
Pay by Phone / ask for information TEL: (+54) 2322-482572
Information via E-mail (Contact María del Carmen Gómez Diéguez) mcgomez@cas.austral.edu.ar
Payment hours: Monday to Friday from 9 to 13 and from 14 to 18
Universidad Austral - Av. Juan D. Perón 1500 Derqui - Pilar

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B) TUTORIALS / WORKSHOPS (Wednesday 29, Oct)

Tutorial / Workshop Rates

	Early Bird (before August)	Advance (Sep - Oct)	On-Site (after 20 th Oct) bring the registration form
Full day Tutorial / Workshop			
Non Member	<input type="checkbox"/> U\$S 76	<input type="checkbox"/> U\$S 86	<input type="checkbox"/> U\$S 96
Member – Partner Organization	<input type="checkbox"/> U\$S 61	<input type="checkbox"/> U\$S 70	<input type="checkbox"/> U\$S 76
Student	<input type="checkbox"/> U\$S 38	<input type="checkbox"/> U\$S 43	<input type="checkbox"/> U\$S 53
Half day Tutorial / Workshop			
Non Member	<input type="checkbox"/> U\$S 38	<input type="checkbox"/> U\$S 43	<input type="checkbox"/> U\$S 53
Member – Partner Organization	<input type="checkbox"/> U\$S 31	<input type="checkbox"/> U\$S 35	<input type="checkbox"/> U\$S 38
Student	<input type="checkbox"/> U\$S 19	<input type="checkbox"/> U\$S 22	<input type="checkbox"/> U\$S 24

Indicate Tutorial/Workshop (list available on Congress Web page)

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Payment Information / Options

1. CASH. Personally Monday to Friday from 9 to 13 and from 14 to 18 at **ASOCIACIÓN CIVIL DE ESTUDIOS SUPERIORES** (FACULTAD DE CIENCIAS BIOMÉDICAS, UNIVERSIDAD AUSTRAL) Av. Juan D. Perón 1500 Derqui – Pilar

Total Payment (in number) (A + B) U\$S _____ (in words) _____

2. TARJETA DE CRÉDITO (only VISA)

Total Payment (in number) (A + B) U\$S _____ (in words) _____

Payment must be in US dollars

Expiration Date: ___ / ___ / ___ (required for processing)

VISA Credit Card Number

Signature of cardholder
I authorized **ASOCIACIÓN CIVIL DE ESTUDIOS SUPERIORES** this charge on my VISA credit card

Credit Card Security Code

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3. PAYMENT BY INTERNATIONAL BANK TRANSFER

PAYMENT PROCEDURE FOR US Dollars (US\$):

For making payment of US\$ _____, please give the following information to your bank and pay to

WACHOVIA BANK N.A. - NEW YORK (ABA:026005092 - SWIFT: PNBPUS3NNYC)

CTA: 2000192262534

For credit to: BANCO RIO DE LA PLATA S.A.(SWIFT: BSCHARBA)

For further credit to: (ACES) Asociación Civil de Estudios Superiores.

A/C NO. 195 - 4038/7

Amount:

Bank charges (fees) must be paid by buyer. We should receive full amount without deductions. Please fax us a copy of Transfer advice so that we can track payment.

Your bank should send a Swift to Banco Río in MT100 format, with the accredited amount in WACHOVIA BANK N.A. - NEW YORK

Account Information

BANCO RIO

CBU 0720195620000000403872

CUIT 30-59495091-3

CUENTA CORRIENTE N° 4038/7

SUCURSAL N° 195 (AV.PUEYRREDON 1055 CAPITAL FEDERAL)

TITULAR: ASOCIACIÓN CIVIL DE ESTUDIOS SUPERIORES

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