

For PROTEA'S use



# REGISTRATION FORM

Fill in with block letters or type and return the form together with your payment to:  
 PROTEA, Facultad de Educación, Universidad de Costa Rica, Ciudad Universitaria Rodrigo Facio.  
 Tel: +506 2026123 Fax: +506 2026123, email: [cmc2006-local@ihmc.us](mailto:cmc2006-local@ihmc.us)

## PARTICIPANT

Family name: \_\_\_\_\_ First name(s): \_\_\_\_\_  
 Title/Profession: \_\_\_\_\_  
 Company/Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

No. of Pers.	REGISTRATION FEES (in US Dollars)		TOTAL \$
<b>1</b>	<b>Only one participant per form</b>	<b>\$</b>	<b>\$</b>
	Participant (sessions, documentation, lunches, social events and banquet)	300	
	Companion (social events and banquet)	55	
	<b>Pre-Congress Concept Mapping Workshops (Monday, September 4<sup>th</sup>, 9 am - 5 pm)</b>		
	Basic CmapTools	55	
	Advanced CmapTools	55	
	<b>Social Programme (included on the registration fee)</b>		
	Costa Rican Music Night, Tuesday, September 5th, 19:00 hrs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Costa Rican Art Night, Wednesday, September 6 <sup>th</sup> , 19:00 hrs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Conference Banquet in PUEBLO ANTIGUO, Thursday, September 7 <sup>th</sup> , 19:30 hrs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Total amount</b>		

*Please turn over for information on payment ⇨*



**PAYMENT**

All payments must be made in USA Dollars and payable to **FUNDEVI (FUNDACION DE LA UNIVERSIDAD DE COSTA RICA PARA LA INVESTIGACION)**. Payment must be remitted as follows:

by **bank transfer** to **FUNDACION DE LA UNIVERSIDAD DE COSTA RICA PARA LA INVESTIGACION (FUNDEVI-1822 - II Congreso Internacional sobre Mapas Conceptuales)** at **BANCO INTERNACIONAL DE COSTA RICA (BICSA)** bank account No **102017145** – address **BICSA: Miami’s Agency, ABA 066011567, SWIFT COSRUS3M, Postal Address: 4000 Ponce de León, Bulevar, Suite 600 Coral Gables 33146-1418 (Not applicable for payments made in Costa Rica)**. Please note that you must deposit to the organization office the amount written on the front page on the box **“Total Amount”**. All wire expenses will be held by the participant. *Please enclose to this form the deposit receipt.*

by **credit card**. By my signature I authorize FUNDEVI to charge my credit card. The total amount must be written on this page in the box **“Total amount credit card payment”**. Note that a non-refundable credit card charge of 4% will be added on credit card payments to the amount you placed in the **“Total amount”** box in the front page. Remember that your bank could charge you for international payments.

MasterCard       Visa

Card No. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Expiry date \_\_ / \_\_      Control code\* \_\_\_\_

\*The three (3) last digits printed on the back of your credit card.

Cardholders name: \_\_\_\_\_

Cardholders signature: \_\_\_\_\_

Cardholders address : \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

**TOTAL AMOUNT CREDIT CARD PAYMENT**  
**(the amount indicated in the front page plus a 4% credit card fee)**

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Special wishes: \_\_\_\_\_

<p><b>I herewith confirm by my signature below that I have read and am fully aware and accept the cancellation/payment conditions and the liability/insurance conditions stipulated in the announcements and on the conference website</b></p>
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Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Remember to state Participant’s NAME and  
FUNDEVI 1822- II Congreso Internacional sobre Mapas Conceptuales on all payments!  
Remember to enclose to this form, in case of a bank transfer, the receipt’s copy.*