



For University use

REGISTRATION FORM

Fourth International Conference
on Concept Mapping
October 5 – 7, 2010

Fill in with block letters or type and return the form together with your payment to:
UNIVERSIDAD DE CHILE, FACULTAD DE CIENCIAS FÍSICAS Y MATEMÁTICAS
Tel: +56 2 9780500 /+56 2 9780501, Fax: +56 2 6731297, email: cmc2010@c5.cl

PARTICIPANT

Family name: _____ First name(s): _____

Title/Profession: _____

Company/Institution: _____

Address: _____

Postal code: _____ City: _____ Country: _____

Phone: _____ e-mail: _____

Participants from Chile

No. of Pers.	REGISTRATION FEES (in US Dollars) Only one participant per form	USD \$	TOTAL USD \$
1	Conference Participants from Chile* Participant (sessions, documentation, social events, banquet and a workshop free)	175 (Before August 1, 2010) 200 (After August 2, 2010)	
	Additional Concept Mapping Workshop	---	
	Companion ** (social events and banquet)	55	
Total Amount			

Conference Participants from other countries

No. of Pers.	REGISTRATION FEES (in US Dollars) Only one participant per form	USD \$	TOTAL USD \$
1	Conference Participants from other countries* Participant (sessions, documentation, social events, banquet and a workshop free)	250 (Before August 1, 2010) 300 (After August 2, 2010)	
	Additional Concept Mapping Workshop	---	
	Companion ** (social events and banquet)	55	
Total Amount			

*Registration fee includes: conference sessions, simultaneous translation Spanish-English, coffee breaks and conference documentation. At least one author of each paper/poster must register before August 1 for the paper to appear in the Proceedings. The Conference Registration includes registration for one of the Workshops.

**Includes banquet and other social events; does not include lunches.

PAYMENT

Participants from Chile

By bank transfer or deposit in Chilean Pesos to **UNIVERSIDAD DE CHILE**. Bank account N° **170-00644-01** at **BANCO DE CHILE**.

Conference Participants from other countries

All payments must be made in USA Dollars by bank transfer to **UNIVERSIDAD DE CHILE - FACULTAD DE CIENCIAS FÍSICAS Y MATEMÁTICAS** at **BANCO DE CHILE**. Bank account N° **0-300004-54-78** – Bank address: Ahumada 251 Santiago de Chile, ABA **26005652**, SWIFT **BCHICLRM**, Account holder address: Blanco Encalada 2120, Santiago, Chile.

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 (Participants from Chile or other countries).

<p>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 condition</p>

Date: _____ Signature: _____

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

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