



REGISTRATION FORM

For PROTEA'S use

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 2075387 Fax: +506 2026123, email: cmc2006-local@ihmc.us

PARTICIPANT

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

No. of Pers.	REGISTRATION FEES (in US Dollars) Only one participant per form	\$ Before 1 July 2006	\$ After 1 July 2006	TOTAL \$
1	Participant	270	300	
	Companion	50	55	
	Pre-Congress Concept Mapping Workshops (Monday, September 4 th , 9 am - 5 pm)			
	Basic CmapTools	50	55	
	Advanced CmapTools	50	55	
	Social Programme (included on the registration fee)			
	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 th , 19:00 hrs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Conference Banquet in PUEBLO ANTIGUO, Thursday, September 7 th , 19:30 hrs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total amount				

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**". Please 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 registration form.

☐ 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 total amount box in the registration form plus a 4% credit card fee)

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Special wishes: _____

<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 conditions stipulated in the announcements and on the conference website</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.*