

LA WEB 2006 - Registration Form

To be filled by LAWEB 2006

Registration N°

Receipt N°

Please send by fax this form to +52 (222) 225 6588

Contact information (type or print clearly)

Given Name(s): _____ Preferred Name: _____

Last Name(s): _____

Job Title: _____

Affiliation: _____

Address: _____

City: _____

State / Province / Department: _____

Phone: _____

Email: _____

Attendee Type: Regular Student

Special Diet Requirements: Vegetarian Kosher (state if submitted by Sept 29)

Other special needs: _____

Contributing Author: Yes No

At least one author must pay the Full conference fee by Sept 29.

	Before September 29	September 29 - October 19	On Site
Full conference fee (proceedings included)	<input type="checkbox"/> 250 US Dllrs	<input type="checkbox"/> 280 US Dllrs	<input type="checkbox"/> 300 US Dllrs
	or	or	or
	<input type="checkbox"/> 2,900 MX Pesos	<input type="checkbox"/> 3,250 MX Pesos	<input type="checkbox"/> 3,480 MX Pesos
Student * (Proceedings not included)	<input type="checkbox"/> 50 US Dllrs	<input type="checkbox"/> 60 US Dllrs	<input type="checkbox"/> 75 US Dllrs
	or	or	or
	<input type="checkbox"/> 580 MX Pesos	<input type="checkbox"/> 700 MX Pesos	<input type="checkbox"/> 870 MX Pesos

Payment method: PayPal Bank Deposit

If an invoice is required please provide full fiscal information below

Amount: _____ Signature: _____

Email signed form to **laweb2006@gmail.com** or fax to **+52 (222) 225 65 88**.