



➤ **Registration Form**

<input type="checkbox"/> Member UITP	<input type="checkbox"/> Non-member UITP	Company*:
Last Name*:		First Name*:
Function*:		Passaport N°*:
Company Address*:		
Zip Code:		City*:
Country*:		Phone*:
E-mail*:		Fax:

➤ **Fare (US\$)**

	Until 09/30	09/30 - 11/01	After
<input type="checkbox"/> <b>Membro UITP</b>	<b>70</b>	<b>100</b>	<b>200</b>
<input type="checkbox"/> <b>Não-membro UITP</b>	<b>140</b>	<b>280</b>	<b>320</b>

➤ **Paymente by**

<input type="checkbox"/> <b>Credit Card:</b> only Visa	
Credit card Number	Expiry Date
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Credit Card Holder(full name): _____	Date: ___/___/___
Signature: _____	Value Authorized: _____
<input type="checkbox"/> <b>Bank Transfer</b>	
BENEFICIARY NAME: <b>ANTP-Associação Nacional de Transporte Público</b> VAT / CNPJ: <b>49.351.919/0001-19</b> BENEFICIARY BANK: <b>BANCO DO BRASIL S/A - 001</b> AGENCY: <b>0712-9</b> BANK ACCOUNT: <b>35385-X</b> SWIFT: <b>BRASBRJSBO</b>	
✓ <b>Mandatory shipment of proof of bank deposit together form</b>	
Receipt Name: _____	Passaport N°: _____
<b>Forward it with copies as proof of payment for</b> UITP-DAL, by fax (55 11 3253.8095 o e-mail <a href="mailto:latinamerica@uitp.org">latinamerica@uitp.org</a> contact Ms. Andrea Bernardes)	

**Forward it with copies as proof of payment for UITP-LAD: Only by FAX**

For information

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