

➤ **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:	

➤ **Registration Fee (US Dollars)**

	<input type="checkbox"/> Member UITP		<input type="checkbox"/> No-Member UITP	
	Until 31 January	31 January 20 February	Until 31 January	31 January 20 February
Workshop	480,00 Us\$	580,00 Us\$	580,00 Us\$	680,00 Us\$
Study Tour	1920,00 Us\$	2320,00 Us\$	2320,00 Us\$	2820,00 Us\$
Workshop + Study Tour	2180,00 Us\$	2580,00 Us\$	2580,00 Us\$	3100,00 Us\$

➤ **Paymente by**

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

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

For information

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