



Intermodality between Highspeed Train and Urban Transport Seminar

Sao Paulo - Brazil
9th March, 2010



➤ Registration Form

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

➤ Fare (US\$)

Cancellation: no refund is possible, only the participant replacement.	*1 After March 01, 2010 only onsite payment		
	Until February 10, 2010	From February 11 until March 01, 2010 *1	In the event
<input type="checkbox"/> Member UITP	85	100	155
<input type="checkbox"/> Non-member UITP	100	125	155

➤ Payment 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 sending the proof of bank deposit with the form	
Receipt Name: _____ Passaport N°: _____	
Forward it with copies as proof of payment to UITP-DAL, by fax (55 11 3253.8095)	

Forward it with copy of payment proof to UITP-LAD: Only by FAX

For information

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