

Registration

Androgen Excess & PCOS Society

Update Meeting

April 16 –17, 2010

Serrano Hotel

Gramado/RS/Brazil

ANDROGEN EXCESS &
PCOS SOCIETY



REGISTRATION FORM (please use capital letters)

1. Personal Data

Participant: () Dr. () Prof. () Mr. () Mrs. () Ms.

NameLast name.....

Organization.....

Job position.....

Address.....City.....CEP (if Brazilian).....

Country.....Telephone ()..... Fax.().....

Email.....CPF (if Brazilian).....

2. Registration Fees (check with X) (US\$)

	Until 26/March/2010	After
1. Members AE&PCOS Soc	() 130	() 160
2. Non members AE&PCOS sOC	() 160	() 190
3. Fellow students*	() 110	() 140

Our R\$

	Until 26/March/2010	After
1. Members AE&PCOS Soc	() 230,00	() 280,00
2. Non members AE&PCOS sOC	() 280,00	() 330,00
3. Fellow students*	() 190,00	() 240,00

1.2.3. Includes access to all conferences, congress bag and material.

*Must send along with the registration form a Student Certificate of the Institution you are currently studying at.

4. Payment Method

Registration Fee U\$.....

Registration Submitted on ____/____/____.

A) Bank Transfer: to Women`s Endocrinology Department of the Brazilian Society for Endocrinology and Metabolism. Bank of Brazil - Agency nº 1899-6. Account nº 39358-4. Please send copy of the bank transfer by fax email or Fedex and Sedex. Please advise the date on which it has been done.

B) Credit Card*: I hereby authorize to charge my credit card.

VISA

Name: _____

Number: _____ Expiration Date month _____ year _____

Inform the last three-digit security code of your credit card _____

5. Cancellations Policies

A. Only written cancellation by fax or e-mail will be accepted.

Cancellations until March 15, 2009 a 20% fee will be applied. No refund will be given after that date - US\$ 30 penalty

B. Registration is not transferable. The certificate will be issued the name of the accredited participant.

C. The registration cancellation is not subject to refund.

Plenarium Organização de Congressos

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