



## REGISTRATION FORM

Please fill the form with participant's data and email to [mao@fernandapresteseventos.com.br](mailto:mao@fernandapresteseventos.com.br)

Complete Name: \_\_\_\_\_

Name for badge: \_\_\_\_\_

Gender:  F  M

E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Should the receipt be issued under a company name, please indicate: \_\_\_\_\_

CATEGORIES	until February 28, 2017
( ) Physician (*)	US\$ 260.00
( ) Fellow	US\$ 150.00
( ) Resident	US\$ 150.00
( ) Student	US\$ 150.00

(\*) Every registered foreigner physician is entitled to invite 1 (one) of his/her fellows to attend the congress with a complimentary registration. This fellow's registration form must be sent to the executive secretariat accompanied by a letter from the physician.

Date of submission: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

**PAYMENT:** Payment of the amount checked on this form, should be made on-site, first day of the congress, with credit card VISA or in cash.

Realization:



Executive Secretariat:

Phone: 55 11 5081-7028

[mao@fernandapresteseventos.com.br](mailto:mao@fernandapresteseventos.com.br)

[www.mao2017.com.br](http://www.mao2017.com.br)