

“Mexico 2006: A Year of Political & Social Transition”

REGISTRATION FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION AND MAIL OR FAX TO THE ATTENTION OF GERARDO FUNES AT 202-312-1530 OR VIA E-MAIL AT GERARDO@USMCOC.ORG AS SOON AS POSSIBLE.

FEES ARE IN US DOLLARS



SPONSORSHIP LEVELS (SEE SPONSORSHIP BENEFITS)

MARK ONE (X)

- PRESIDENTIAL \$ 7,500
- AMBASSADORIAL \$ 5,000
- GOLD \$ 2,500
- SILVER \$ 1,250

INDIVIDUAL REGISTRATION - CIRCLE THE APPROPRIATE REGISTRATION CATEGORY(IES)

REMINER: SPOUSE/SIGNIFICANT OTHER REGISTRATION IS \$500 FOR ALL EVENTS

REGISTRATION LEVEL	USMCOC		NON-MEMBERS	SPOUSE
	BINATIONAL BOARD MEMBERS	USMCOC MEMBERS		
FULL REGISTRATION: (INCLUDES CONFERENCE GALA DINNER, AND 1 HOTEL ROOM FOR TWO NIGHTS)	\$ 850	\$ 950	\$1100	\$500
CONFERENCE ONLY	\$ 150	\$175	\$200	
GALA DINNER ONLY	\$ 500	\$ 500	\$500	
CONFERENCE & GALA DINNER ONLY	\$ 600	\$ 650	\$700	

NAME _____
 COMPANY _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE _____ FAX _____
 E-MAIL _____
 SPOUSE/GUEST _____

NOTE: ALL REGISTRATIONS WILL BE CONFIRMED VIA E-MAIL. REGISTRATION FEES WILL BE REFUNDED, LESS AN ADMINISTRATIVE FEE OF US\$50.00, IF WRITTEN NOTICE OF CANCELLATION IS RECEIVED BY SEPTEMBER 29. IN SIGNING THIS REGISTRATION FORM, REGISTRANT ACKNOWLEDGES THAT REGISTRATION FEES ARE NOT REFUNDABLE IF CANCELLATION IS MADE AFTER SEPTEMBER 29.

REGISTRATION

CREDIT CARD # _____
 EXPIRATION DATE ___/___/___ TYPE OF CARD: ___ VISA ___ MASTER CARD
 NAME OF CARDHOLDER | SIGNATURE _____ | _____
 CHARGE IN THE AMOUNT OF \$ _____

IF PAYING BY CHECK, PLEASE SEND PAYMENT TO: UNITED STATES-MEXICO CHAMBER OF COMMERCE
 1300 PENNSYLVANIA AVENUE NW, SUITE G-0003
 WASHINGTON, DC 20004-3021

CHECK PAYABLE TO: U.S.-MEXICO CHAMBER OF COMMERCE, IN THE AMOUNT OF US\$ _____.

HOTEL RESERVATIONS

IF YOU ARE REGISTERING AS A SPONSOR OR INDIVIDUAL FULL REGISTRATION, PLEASE FILL OUT THE FOLLOWING INFORMATION TO MAKE YOUR ROOM RESERVATION AT THE CAMINO REAL HOTEL MEXICO (HOTEL RESERVATIONS AVAILABLE UNTIL OCTOBER 9TH, 2006):

ARRIVAL DATE: ___/___/___ DEPARTURE DATE: ___/___/___ SINGLE OR DOUBLE OCCUPANCY: _____
 SMOKING YES/NO: _____ SPECIAL REQUEST (IF POSSIBLE) _____
 A CREDIT CARD IS REQUIRED BY THE HOTEL TO SECURE YOUR RESERVATION. **** IF SAME AS ABOVE, PLEASE MARK HERE ___**
 CREDIT CARD #: _____ EXP. DATE: ___/___/___
 ___ VISA ___ MASTERCARD ___ OTHER (_____) _____
 NAME OF CARDHOLDER | SIGNATURE _____ | _____