



14th International Congress on Infectious Diseases

MARCH 9-12, 2010 · MIAMI, FLORIDA · USA

REGISTRATION FORM

Please complete and return this form as soon as possible, along with payment, to:
14th ICID Congress Secretariat • B.P. SERVIMED, S.A. DE C.V. • Barranca del Muerto No. 520, Col. Alpes • 01010 México, D.F.
or fax to: +52 (55) 5660 1903 or Register online: http://www.isid.org/14th_ICID

PLEASE TYPE OR PRINT IN BOLD LETTERS!

PARTICIPANT

Last Name First Name Mr. Ms. Prof. Dr.
Institution Department
Address at Work
City Province/State Postal/Zip Code Country
Phone Fax E-mail
(country code/city code/number) (country code/city code/number)

Receipt in the name of:
(Only if different from name shown above) Street Address City Province/State Postal/Zip Code Country

ACCOMPANYING PERSON

Last Name First Name

REGISTRATION FEES PARTICIPANTS ARE URGED TO REGISTER EARLY AND TAKE ADVANTAGE OF THE DISCOUNTS. PLEASE COMPLETE:

Delegates	Before/On January 15, 2010	After January 15, 2010	
Regular Member ISID or ISTM ¹	<input type="checkbox"/> US \$ 500,00	<input type="checkbox"/> \$ 600,00	
Non-Member	<input type="checkbox"/> US \$ 550,00	<input type="checkbox"/> \$ 650,00	
Permanent Residents of Latin America /Caribbean ²	<input type="checkbox"/> US \$ 350,00	<input type="checkbox"/> \$ 500,00	
Nurses and Pharmacists ³	<input type="checkbox"/> US \$ 300,00	<input type="checkbox"/> \$ 400,00	
Students ⁴	<input type="checkbox"/> US \$ 200,00	<input type="checkbox"/> \$ 240,00	
Accompanying Person(s)	<input type="checkbox"/> US \$ 90,00	<input type="checkbox"/> \$ 120,00	
			TOTAL in US \$:

¹ Members of the ISID or ISTM must provide their membership numbers.
² Residents of Latin America/Caribbean can save 40% on the registration fee by registering early.
³ Nurses and Pharmacists must provide proof of their status.
⁴ Students must provide proof of their status.
ISID or ISTM Membership Card Number Expiration Date / /
 YES, I plan to attend the Travel Medicine program on Tuesday, March 9, 2010 NO, I do not plan to attend the Travel Medicine program on Tuesday, March 9, 2010

PAYMENT

Option 1: CHECK: Check payable to **B.P. Servimed, S.A. de C.V.** in the amount of US \$ Check Number:
 Option 2: CREDIT CARD: I hereby authorize B.P. SERVIMED, S.A. DE C.V. to debit my credit card account the amount of US \$
Type of credit card American Express Visa MasterCard
Card Number Security Code Last three numbers on the back side of Visa, MasterCard.
Valid from month year Expiration Date month year Code Number A four digit number found in the center right of the American Express card.

Name as it appears on the card
Signature of Cardholder Date / /

By this promissory note I bind myself to the order of the issuer of my credit card. This promissory note derives from the current agreement in regard to the utilization of the credit card entered into by and between the issuer and the credit cardholder and represents the warranties effected by the signer in regards to the credit which was granted. Both the restitution of the amount disposed likewise the interests borne by the aforesaid amount so be fixed are estimated upon the form, terms and conditions agreed in the referred agreement. This promissory note shall only be negotiable through credit institutions.

Option 3: BANK TRANSFER Please include a copy of your bank transfer with your form.
Bank transfer must be made **without charges to the beneficiary**, payable to "B.P. Servimed/14th ICID" in US \$
CITIBANK (BANAMEX USA) • Account Number: 5913975401 • 2029 Century Park East, No. 42, P.O. Box 90067, Los Angeles, CA. USA • ABA 122233645.

CANCELLATION POLICY

The registration fee less US \$ 100,00 administration fee will be refunded for any cancellations received on or before **February 1, 2010**. Any cancellations received after this date will not be considered. All approved refunds will be issued **within 60 days** after the Congress. Only written requests will be accepted.

LIABILITY

Personal travel insurance is strongly recommended, as the ISID and B.P. SERVIMED, S.A. DE C.V. act as agents only in securing hotels, transport and travel services and in not event shall be liable for acts or defaults in case of injury, damage, loss, accident, delay or irregularity of any kind whatsoever during arrangements organized through contractors or the employees of such contractors in carrying out services. Hotel and transportation services are subject to the terms and conditions under which they are offered to the public in general. The Organizing Committee reserves the right to make changes where deemed necessary, without prior notice to parties concerned. All disputes are subject to the Portuguese law. We kindly ask you to authorize us by your signature to use all registration data given in this form for a computerized handling of the Congress.

Signature Date / /

Demographic Information	Primary job-related activity:	Areas of interest:	
Education:	<input type="checkbox"/> Administration	<input type="checkbox"/> Antimicrobial and Antiviral Resistance	<input type="checkbox"/> Genetics/Immunology
<input type="checkbox"/> MD (or equivalent)	<input type="checkbox"/> Teaching	<input type="checkbox"/> Bacterial Infections	<input type="checkbox"/> HIV
<input type="checkbox"/> PhD	<input type="checkbox"/> Research	<input type="checkbox"/> Clinical Microbiology	<input type="checkbox"/> Mycology
<input type="checkbox"/> Other:	<input type="checkbox"/> Clinical Microbiology	<input type="checkbox"/> Drug/Diagnostic Development	<input type="checkbox"/> Mycobacteriology
	<input type="checkbox"/> Clinical Infectious Disease Care	<input type="checkbox"/> Epidemiology and Public Health	<input type="checkbox"/> Nosocomial Infections
	<input type="checkbox"/> Other:		<input type="checkbox"/> Parasitic Infections
			<input type="checkbox"/> Vaccines
			<input type="checkbox"/> Viral (non-HIV) Infections
			<input type="checkbox"/> Other:

**Please complete and return this form as soon
as possible, along with payment, to:**

14th ICID Congress Secretariat

B.P. SERVIMED, S.A. DE C.V.

Barranca del Muerto No. 520, Col. Alpes

01010 México, D.F.

or fax to: +52 (55) 5660 1903