

Argentina-Brazil Bilateral Meeting
13 April 2007
Caesar Park Hotel, Buenos Aires

REGISTRATION FORM

Personal Details

First name.....Last name.....
IBA Membership number (if applicable)..... non member
Firm / Company / Institution.....
Address.....
.....
Tel.....Fax.....
Email.....

Payment

Registration forms and fees received:

	On or before 28 February	after 28 February
IBA Member	<input type="checkbox"/> US\$ 250.00	<input type="checkbox"/> US\$300.00
Non member*	<input type="checkbox"/> US\$ 300.00	<input type="checkbox"/> US\$ 350.00
Guest	<input type="checkbox"/> US\$ 80.00	<input type="checkbox"/> US\$ 80.00

Total amount payable US\$
(Registration includes attendance to all working sessions, coffee breaks, lunch and ticket to tango show)

* Join the IBA today and register for this conference at the IBA member rate. Please find the membership application form at www.ibanet.org

Please advise of your payment method:

(For Brazilians only) Please find attached a copy of the transfer request for the total amount due. [bank transfer to the IBA account number: # 53236-6 at Banco Itau, # 0885 Cidade Vargas Branch. (SWIFT Code ITAUBRSP), CNPJ 07.562.031/0001-85, Rua Nelson Fernandes, 171, Sao Paulo, SP, 04319-000, Brazil]

Please pay all the bank charges so that the IBA receives the full invoiced amount. Use an exchange rate of 1US\$/R\$2.4

Please charge the total amount due to my Visa Mastercard American Express. Other cards are *not* accepted.

Card number.....Expiry date

Name of card holder

SignatureDate.....

Please return the completed form to:

Flavia Alves

International Bar Association

Largo do Sao Francisco, 34 – 13 andar

Tel: +55 (11) 31012801 Fax: +55 (11) 31010282

e-mail: flavia.alves@int-bar.org website: www.ibanet.org

Accommodation Form
Caesar Park Hotel

ARGENTINA-BRAZIL BILATERAL MEETING
13 April 2007, Buenos Aires, Argentina

Name _____

Company _____

Address _____

Tel _____ Fax _____

e-mail _____

Deluxe/ Double or single room: US\$ 170.00

The rate is inclusive of breakfast, exclusive of service charges and all local taxes.
Any reservations made after 28 February will be subject to availability and cannot be
guaranteed at the above rates.

Please reserve:

Double Room

Single Room

Arrival date _____ Departure date _____

To secure your booking the hotel requires one night's deposit per room.

Cancellation and no-show policy

Any cancellation made within 48 hours before arrival will incur a cancellation fee of one
night charge.

Please charge my credit card:

Visa

Mastercard

American Express

Diners

Card number _____ Expiry date _____

Name of Cardholder _____

Signed _____ Date _____

Please return to:

Caesar Park Hotel
Posadas 1232 (C1011) Buenos Aires, Argentina
Tel: +54 (11) 4819-1275
Fax: +54 (11) 4819-1165
E-mail: dagostini@caesar.com.ar
website: www.caesar-park.com