


REGISTRATION FORM

 <p style="margin: 0;">COMITÉ NACIONAL MÉXICO STUDY COMMITTEES B3,B5 AND D2</p> <p style="margin: 0;">www.cigre.org.mx/index.php?id=428 colloquiumx16@cigre.org.mx</p>	<p style="margin: 0;">COLLOQUIUM MEXICO 2016</p> <p style="margin: 0;">BUILDING SMARTER SUBSTATIONS</p> <p style="margin: 0;">MEXICO CITY, SEVILLA PALACE HOTEL</p> <p style="margin: 0;">AV. PASEO DE LA REFORMA No 105, COL TABACALERA DELEGACION CUAUHTEMOC</p> <p style="margin: 0;">NOVEMBER 14-16, 2016</p>
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<input type="radio"/> MS	<input type="radio"/> MR	<input type="checkbox"/> CIGRE MEMBER Number:
First Name(s):		Family Name:
Company		
Function:		
Department:		
Name for Badge:		
Address:		
Town/Post Code/State: <i>According to local practice</i>		
Country: <i>(VISA: Check visa requirements with the Mexican Embassy in your country)</i>		
Phone: <i>(Please indicate country, region and town prefixes)</i>		
e-mail:		
I Authorize CIGRE to circulate my data		<input type="checkbox"/> YES <input type="checkbox"/> NO

FEES (US DOLLAR)

<input type="radio"/> MEMBER	<input type="radio"/> NON MEMBER
\$ 650.00 (individual) \$ 585.00 (each delegate if three or more delegates of the same company are registered)	\$ 830.00 (individual) \$ 747.00 (each delegate if three or more delegates of the same company are registered)

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COMITÉ NACIONAL MÉXICO
STUDY COMMITTEES B3,B5
AND D2

www.cigre.org.mx/index.php?id=428
colloquiumx16@cigre.org.mx

COLLOQUIUM MEXICO 2016 BUILDING SMARTER SUBSTATIONS

MEXICO CITY, SEVILLA PALACE HOTEL

AV. PASEO DE LA REFORMA No 105, COL TABACALERA
DELEGACION CUAUHTEMOC

NOVEMBER 14-16, 2016

PAYMENT

(Only bank transfer, exclusively in US dollar)

Account holder:	CIGRE MEXICO AC
Bank:	BANORTE
City branch:	9460 PLAZA IRAPUATO
Bank branch:	2524 IRAPUATO LICEAGA
Account:	0141132732
CLABE:	072222001411327323
Swift/aba:	MENOMXMTXXX
Tax Identification Number	CME870828A69

Please ensure that ALL BANK CHARGES are charged to your account.

IT IS REQUIRED THAT YOU SEND THE COPY OF THE BANK TRANSFER SLIP AND THIS REGISTRATION FORM TO cigre@cigre.org.mx AND colloquiumx16@cigre.org.mx

INVOICING DATA

Company/Name:	
Tax Identification Number:	
Address if different from above:	
Country:	e-mail to receive the invoice:

<p>X _____</p> <p>Signature</p>	<ul style="list-style-type: none">• This registration form is a formal order• Cancellations: No cancellations will be accepted after 16/11/04. Before this date, contact us in writing. Refund of registrations fees minus administration expenses (\$ 50 US DLLS per attendee) only after Colloquium
Name:	
Date (YY/MM/DD):	

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