2019 CALA District Puerto Rico Conference

November 7, 2019, San Juan, Puerto Rico

Attendee Information				Please print clearly.
First name	Middle name	Last name	BICSI and/or (CIAPR member number
Company name		Company website		
Mailing address				
City	State/Province	Zip/Postal code	Country	
Daytime phone	Mobile phone	Email		
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Fax: +1 813.971.4311; Phon	e: 800.242.7405 (USA & Ca	nada toll free) or +1 813 769	.1844; Email: aslowil	<pre><@bicsi.org; Web: bicsi.or</pre>
Payment				
Registration Fee:				
BICSI and CIAPR Men (On-site registration fee -	nbers - Complimentary \$15)	Student - \$15	Nonmember	- \$30
	-	card numbers. If paying by crea s, drawn from a U.S. bank. (Cor		
Total to be paid	Check or Money Order Enclo	osed		Internal use only
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Cardholder name (as it appe	ears on the credit card)		Cardholder signature	e
Credit card number	Expiration	date CVV	Card billing zip code	(required)