



REGISTRATION & PAYMENT FORM

Please fax this form **both** to PIXE 2007 Secretary (+52-55-56225009 OR +52-55-56161535)
AND Sociedad Mexicana de Física (+52-55-56224840 OR +52-55-5622-4848)

PARTICIPANT: Ms. Mr. Dr. Prof.
 Family name: _____ Given name(s): _____
 Affiliation: _____
 Address: _____
 City: _____ Postal code: _____ Country: _____
 Phone: _____ Fax: _____ E-mail: _____

ACCOMPANYING PERSON (S):
 Ms. Mr.
 Family name: _____ Given name(s): _____
 Ms. Mr.
 Family name: _____ Given name(s): _____

REGISTRATION FEE:

Payment until March 2, 2007	Payment after March 2, 2007
<input type="checkbox"/> US\$ 350.00 Full registration	<input type="checkbox"/> US\$ 400.00 Full registration
<input type="checkbox"/> US\$ 200.00 Student*	<input type="checkbox"/> US\$ 220.00 Student*
<input type="checkbox"/> US\$ 200.00 Accompanying person	<input type="checkbox"/> US\$ 250.00 Accompanying person
<input type="checkbox"/> US\$ 50.00 Banquet	<input type="checkbox"/> US\$ 50.00 Banquet

*Recommendation letter or copy of official college updated registration required.

TOTAL TO BE PAID: US\$ _____

When paying with credit card, a 5% processing fee charged by the credit card company must be added by the attendant. For cancellation details contact directly the Organizing Committee.

PAYMENT METHOD

Bank transfer to SOCIEDAD MEXICANA DE FISICA, A.C.
 Bank: Banco Nacional de México, S.A., account 9345347, branch 349 (Jardines del Pedregal). CLABE (BANK CODE) 002180034993453470, SWIFT BNMXXMXXM
Pay exact sum without charges to the beneficiary. ALSO SEND BY FAX TO PIXE 2007 SECRETARY OR SOCIEDAD MEXICANA DE FISICA A COPY OF TRANSFER DOCUMENT.

Credit Card
 Mastercard Visa American Express
 Card No.: _____ - _____ - _____ Expiration date: ____/____.
 Name on the card: _____
 Name of bank issuing card: _____
 Security number in back of card: _____
 Cardholder's signature: _____
 Cardholder's address: _____

Cash or credit card at the registration desk (payment in US dollars only)

ADDRESS FOR DELIVERY OF CONFERENCE PROCEEDINGS

Street address: _____
 City: _____ Postal Code: _____
 Country: _____

TRAVEL INFORMATION

Estimated date of arrival: _____ Arrival time: _____
 Airline and flight number _____

Date: _____ Signature: _____