

**X Conference on Regulation and Insurance Supervision in Latin America and
IAIS-ASSAL Training Seminar
April 26th to 30th, 2009, Ixtapa, México**

MEETING REGISTRATION FORM

Personal Information:

Family Name:	First Name:
Job Title:	
Organization:	
Address:	
Country/ Jurisdiction:	Tel:
Fax:	E-mail:
Name of accompanying person:	

Registration Fees and Payment:

Registration fees: Please indicate which group you belong to.		
USD 500	USD 550	USD 138**
ASSAL member <input type="checkbox"/>	Insurance Industry <input type="checkbox"/>	accompanying person, <input type="checkbox"/>
IAIS member* <input type="checkbox"/>	IAIS Observers <input type="checkbox"/>	please indicate the number
OCDE member* <input type="checkbox"/>	Any other, please specify <input type="checkbox"/>	of adults
* Speakers that are members of the IAIS and the OECD are exempted from registration fees		
** It includes 3 social dinners and ground transportation		
Paying by bank transfer:		
Please transfer the Total Amount Due in US dollars (free of bank charges for the recipient) to:		
Bank name	HSBC MEXICO S.A., INSTITUCION DE BANCA MULTIPLE, GRUPO FINANCIERO HSBC	
Street and city address	Sucursal # 59: Av. Insurgentes Sur, 1971. Planta Baja, Plaza Inn, Col. Guadalupe Insurgentes. C.P. 01020, Delegación Álvaro Obregón, México, D.F.	
Swift code:	BIMEMXMM	
Institution Code	BIMEMXMM	
Beneficiary	HUGO HERNANDEZ PEREZ	
Account number	4042942672	
Account number	021180040429426726	
Please remember to include the participant's name.		
Please send your payment to us within 10 days after the submission of this registration. Kindly note that your registration will only be processed once full payment has been received.		

Social events:

Will you attend?	Yes	No	Spouse/partner
Welcome Cocktail and dinner (Sunday 26th)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tour & Dinner (Tuesday 28 th)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special requests: Please indicate any special requests concerning diet (e.g. vegetarian, allergies): _____			

Please return the completed form by **Friday 3 April 2009** to: bromo@cnsf.gob.mx or fax +(5255) 57247602. Should you have any doubt or enquiry, please do not hesitate to contact: Beatriz Romo +(5255) 57247567