



IX International Seminar on Medical Information Processing and Analysis



11-14 de Noviembre 2013
Ciudad de México

A. Registration fees.									
Title:	Prof.	Dr.	Mr.	Ms.	First Name:	Last/Family Name:	Middle Initial:		
Company/Institution:					Department:				
Address:									
Province/State:				Country:			Zip/Postal Code:		
Email:		Paper ref. number(s):		a)	b)	c)	d)		
Tel: + ()		Fax: + ()							
Country code	Area code	Number		Country code	Area code	Number			
Registration fees		Early By September 30 th , 2013		Late/On-site after September 30 th , 2013		Register			
Foreigners		260USD		300USD		Registration:			
Mexican Residents		2800M.N.		3400M.N.		Additional paper(s):			
Scholarship Students						Total:			
All types of registration fees include: <ul style="list-style-type: none"> •Admission to Symposium and workshop presentations. •A copy of the symposium and workshop proceedings. •Coffee breaks. 									

Total to be paid.

Total for registration.
USD \$

METHOD OF PAYMENT (Tick one).

By bank transfer (a USD\$ 20 surcharge must be added on the fee. Amount must be net of bank charges).
A notification email with the bank details will be sent to the email address given in this form.

By Credit Card. Please circle on: MasterCard / VISA.

I authorize you to charge my credit card with the Grand Total amount of USD\$: _____ for my registration and optional additional items.

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Expiration date: _____

Cardholder's Name (If the registrant is not the cardholder, please also email a copy of both sides of the credit card):

ID validation number (The last 3 digits of the number that can be found on the back side of your credit card): _____

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NB: Make sure you add \$20 to your payment. Do not forget to email a copy of the bank transfer transaction to: jpardo@up.edu.mx

SIPAIM 2013 Registration Chair
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