

VIII CAOSA TECHNICAL MEETING
MONTEVIDEO, MARCH 6-8, 2002

REGISTRATION FORM

Registration Forms Due by February 15, 2002

Last Name: _____ First Name: _____ Sex: _____
Organization Represented: _____
Position held in the Organization: _____
Address: _____
Country: _____ E-mail: _____
Telephone: _____ Fax: _____
Language: Spanish _____ English _____

LODGING

Room preference: Single Double Smoking Non-smoking
Special Accommodation Required _____

Credit Card Information Visa MasterCard American Express Diners Other
Credit Card Number: _____ Expiration Date: _____
Name of Credit Card Holder: _____
Signature: _____

Selected Hotel (see attached list) _____
We will provide you with the reservation confirmation number upon receipt of your completed registration form.

TRANSPORTATION

Date of arrival in Montevideo: _____ From: _____ Time of arrival: _____
Airline: _____ Flight N°: _____

Date of departure from Montevideo: _____ To: _____
Time of departure: _____ Airline: _____ Flight N°: _____

If you plan to bring a companion, please indicate the name (s): _____

Please complete one form for each participant and return by mail or fax before February 15, 2002, to:

Ms. Beatriz Garlo
Banco de Previsión Social
Telephone: (598-2) 401 44 44 Fax: (598-2) 408 19 60
E-mail: caosamvd@bps.gub.uy

Date _____ Signature _____

HOTELS

The VIII Technical Meeting of the American Commission on Organization and Administrative Systems will be held at the Radisson Montevideo/Victoria Plaza Hotel

	SINGLE	DOUBLE
RADISSON MONTEVIDEO VICTORIA PLAZA ****	U\$ 75	U\$ 85
NH COLUMBIA ****	U\$ 57	U\$ 57

* Daily Hotel Rate (includes breakfast and taxes):