

Mar del Plata, Argentina November 15 – 19, 2005

REGISTRATION FORM

Last Name:			
Address:			
City:	State/Province:	Zip C	ode:
Telephone:	Fax:		
E-mail:			
S hould you attend with a d	companion, please indicate his/her nar	ne	
METHOD OF PAYMENT:	IAPG and/or AAGGP member	NON-member	Student
	ble to the order of: Instituto Argentino		
Credit Card	☐ MasterCard ☐ Visa		
Card Number		Expiration Date:	
Cardholder's Name:		Security Code:	
Issuing Bank:		Signature:	
Lloyds Es 017-3101-0594 fax proof of bank transfer Bank Transfer from a TE. (212) 350-3500 FAX (name of "Instituto Argentino del Petróle , Suc. Calle Tucumán, Tucumán 885 (to the fax number provided below) broad: Banco Santander Suc. NY Inte 212) 350.3535. Acc. No.: DDA 805589 Code: SFEDWIRE. ABA: 026007692. Imber provided below)	1049) Bs. As. – CBU: 01000177 rnational: 45 EAST 53rd STREE -0001/80558000. Acc. Holder: I	11000310105945 (please ET, NEW YORK, NY 10022. Instituto Argentino del
If you need a bill, please p	rovide the following information. Payme	ents via Bank Transfer will be pro	ocessed in five working days.
Bill to:			
	tion Number):	Attn:	
(attach F 576 photocopy, i	f applicable)		

Cancellations must be made either by written notice or by fax (cancellations by telephone will not be accepted).

Cancellations made before September 30, 2005, will be reimbursed 10 days after the finalization of the Congress with a 20% discount for administrative expenses. Cancellations made after this date will not be reimbursed. Please remember that vacancies can only be reserved once registration has been fully paid.

Please send registration form with payment only to the following address:

Secretaría del VI Congreso de Exploración y Desarrollo de Hidrocarburos

Maipú 645 (3er. piso) – (1006) Buenos Aires - Argentina Telephone: (54-11) 4325-8008 Fax: (54-11) 4393-5494

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