



41st CBOT

BRAZILIAN CONGRESS OF
ORTHOPAEDICS AND TRAUMATOLOGY

Oct. 31st - Nov. 2nd, 2009
Rio de Janeiro • Brazil



REGISTRATION FORM

Personal Data

**mandatory fields*

Name*

Name on badge*

Male Female Date of birth* --

ID / Passport*

Entity

Specialty

Address*

City*

Country* Zip code*

Phone* Fax

E-mail*

Accompanying Person Name*

Name on badge*

Male Female Date of birth* --

Registration Fees

Category	By July, 1	By Aug., 1	By Sep., 1	On site
SBOT Members (paid up)	<input type="checkbox"/> US\$ 200	<input type="checkbox"/> US\$ 225	<input type="checkbox"/> US\$ 300	<input type="checkbox"/> US\$ 375
Academics of Medicine	<input type="checkbox"/> US\$ 125	<input type="checkbox"/> US\$ 150	<input type="checkbox"/> US\$ 200	<input type="checkbox"/> US\$ 225
Orthopedists (not SBOT Members)	<input type="checkbox"/> US\$ 350	<input type="checkbox"/> US\$ 375	<input type="checkbox"/> US\$ 450	<input type="checkbox"/> US\$ 525
Other Medical Practitioners	<input type="checkbox"/> US\$ 350	<input type="checkbox"/> US\$ 375	<input type="checkbox"/> US\$ 450	<input type="checkbox"/> US\$ 525
Accompanying Person	<input type="checkbox"/> US\$ 100	<input type="checkbox"/> US\$ 125	<input type="checkbox"/> US\$ 150	<input type="checkbox"/> US\$ 175

Authorization for Payment through Credit Card

Participant Name

Card Holder Name (as in the card)

Visa Amex

Credit Card Number

Expiration Date - Security Code **Total amount to be debited** US\$

Card Holder' Signature

Please, after filling all the information, fax to +55 21 2266-9175.

Any information, please contact registration department +55 21 2266-9150.

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