

REGISTRATION FORM

www.icml.org

Venue | Convention Center of Bahia

9th World Congress on Health Information and Libraries

ICML 9 | CRICS 7

Commitment
to
Equity

Salvador, Bahia | Brazil 20-23 September, 2005

Registration fee

	Before Dic. 31, 2004	Before August 20, 2005	After August 20, 2005
Developing countries	US\$ 150.00	US\$ 200.00	US\$ 250.00
Other countries	US\$ 300.00	US\$ 350.00	US\$ 400.00
Accompanying person	US\$100.00	US\$ 150.00	US\$ 200.00

Registration procedures

Registration includes admission to all sessions from September 20-23, unlimited exhibit halls visits, opening session, welcome cocktail, cultural activities and Farewell party.

After August 20th registration can be done at ICML9 Registration Desk that reopens at September 19th, from 07:30am - 05:00pm.

How to register

- 1. Online** - Fill Registration Form electronic version at www.icml.org and select payment option
- 2. Fax** - Send Registration Form paper version with information on payment option to: Registration ICML9 - Fax (55 71) 2104-3434
- 3. Air Mail** - Send Registration Form paper version with payment to:
Registration ICML9
Eventus System Ltda
Rua Lucaia, 209
Ed. Eventus Empresarial 41940-660 Rio Vermelho - Salvador, BA - Brasil
Phone.: (55 71) 2104-3477 | Fax: (55 71) 2104-3434
e-mail: icml-registration@eventussystem.com.br
- 4. Paper or poster submission** - Fill Registration Form at www.icml.org follow instructions and submit your paper or poster abstract

Payment

Registrations will only be processed if payment confirmation is received together with the Registration Form. Your Registration will be confirmed upon receipt.

Cancellation policy

Please note: written cancellations will be accepted before July 20th 2005.

No refunds will be issued after this date. Payments will be refunded, less US\$ 50.00 service charge, after the Congress.

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PERSONAL DATA

Please fill the registration form with your personal and institutional data or both if applicable.

Name..... middle name..... surname.....

Address

No..... Compliment..... Zip code.....

City..... state..... country.....

Country code..... City code..... Tel..... fax.....

Profession..... area of expertise.....

Accompanying person.....

INSTITUTIONAL DATA

Name of institution

Address

No..... Compliment..... zip code.....

City..... state..... country.....

Country code..... City code..... Tel..... fax.....

Job title

e-mail

Invitation letter required