



2013 BRAZIL TRADE MISSION REGISTRATION FORM
Please fax or email registration for to Susan Harper at admin@capcitychamber.org
FAX: 512-459-1183

PARTICIPANT INFORMATION:

REPRESENTATIVE:

Name: _____ (Exactly as shown on picture ID for airline ticket) _____ (Name Badge – if different from ID)

Date of Birth (for airline ticket): _____

Gender (mark one): Male Female

Firm: _____ Title: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Cell #: _____ Fax #: _____ Email: _____

Industry (mark one):
Tech Green

Additional Information:

ASSISTANT

Assistant Name: _____ Assistant Phone #: _____

Assistant Email: _____

Dietary preferences/food allergies: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____ Phone #: _____

CREDIT CARD DEPOSIT AUTHORIZATION FORM

Providing the credit card information below signifies that we understand that we are responsible for charges incurred on this account.

Amount to be charged: \$100.00

Roommate Information:

Name on Credit Card: _____

Type of Credit Card: M/C Visa Discover

Credit Card Number: _____

3 Digit Security Code: _____ Expiration Date: _____

Credit Card Billing Address: Same as listed on previous page

Address	City	State	Zip
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