

LACNIC IX

Guatemala City - May 22 to 26, 2006

FAX PAYMENT FORM

First Name: _____

Last Name: _____

Organization (use Private, if not representing any organization):

Telephone: _____ **Fax:** _____

E-mail: _____

Country Code (i.e. GT): _____

Registration number (the number provided to you when registering for the meeting on-line):

The cost of attending LACNIC IX meeting is USD 80.00. A special offer for online registration and payment made before May 2nd. is USD 60.00.

Please, complete the following required information:

Credit Card Type: VISA ___ MASTERCARD___

Credit Card Number:

CBC Code:

Expiration Date (Month/Year):

User's Name:

Postal Address:

**I authorize to debit from my MasterCard/Visa credit card the amount of:
USD _____ to attend LACNIC IX.**

SIGNATURE

Please, fax this form to LACNIC: **(+598 2) 604 2222 ext. 112.**

You will receive an e-mail message with confirmation of your payment for the event.

Should you have any questions about the meeting or your registration form, please send an e-mail to:

meeting@lacnic.net or call us at: **(+598 2) 604 2222.**