

## REGISTRATION FORM

All the fields are required.

PARTICIPANT INFORMATION	
FISRT NAME	
SURNAME	
RUT / PASSPORT N°	
POSITION	
E-MAIL	
TELEPHONE	
COMPANY	
ADRESS	
CITY	
STATE/PROVINCE	
COUNTRY	

INVOICE DATA	
PERSON IN CHARGE	
POSITION	
E-MAIL	
COMPANY	
BUSINESS FIELD	
VAT NUMBER	
ADRESS	
STATE/PROVINCE	
COUNTRY	
TELEPHONE	
FAX	
PERSON IN CHARGE OF INVOICES AND PAYMENTS	NAME: EMAIL: PHONE:

**Information and Registration:**

Andrea Briones M. - [abriones@fisa.cl](mailto:abriones@fisa.cl)  
F: (56-2) 530 72 83 - Fx: (56-2) 530 72 34

**Organizers:**

Al Prospecta  
FISA S.A.

**During:**