

## **IMPORTANT REGISTRATION STEPS**

- STEP 1** - Complete thoroughly the PDF input/printable Registration Form (followed on the next page) and print it out.
- STEP 2** - Print out the Release Form (see main page for link) and sign it.
- STEP 3** - \*Fax Completed **Registration Form** and signed **Release Form** along with a clear copy of the following:
- **Passport** (minimum validity of 6 months required for Brazil)
  - **Driver's License**
  - **Medical Insurance Card** (front and back sides)
  - **Biography** (half a page)
- STEP 4** - Please make check payable to **FIU-CIBER** with your social security number for reference and mail it to:  
Center for International Business Education & Research (CIBER)  
Florida International University  
University Park, MARC 240  
Miami, FL 33199
- STEP 5** - \*Fax your domestic flight information (to and from Miami) as soon as you purchase your ticket for May 10th (recommended, see main page for hotel information) or for May 11th (Miami Registration/Sessions starts at 11 AM)
- STEP 6** - \*Fax copy of **Travel Insurance** (see Mercosur page for link)  
Note: Participants are encouraged to purchase the travel insurance which covers emergency medical evacuation and repatriation of remains.
- STEP 7** - \*Fax copy of **visa** as soon as you receive it.  
Note: US Citizens & Residents require a visa to travel to Brazil.  
(see Mercosur page for Brazil visa information & application form link).

\* Please fax all documents to Sonia Verdu at (305) 348-1789  
For more information please contact us at (305) 348-1740 or email us at: [ciber@fiu.edu](mailto:ciber@fiu.edu)

***Please see Registration Form on next page.***



**Professional Development in International Business - Mercosur 2008**

**Brazil, Argentina and Chile**



**May 11 – 21, 2008**

**REGISTRATION FORM**

|   |                   |                            |  |                 |  |
|---|-------------------|----------------------------|--|-----------------|--|
| <b>First Name</b>                       |                   | <b>Middle Initial</b>      | <b>Last Name</b>                       |                 |  |
|   |                   |                            |  |                 |  |
| <b>Date of Birth (Month/Day/Year)</b>   |                   | <b>Place of Birth</b>      | <b>E-mail Address</b>                  |                 |  |
|   |                   |                            |  |                 |  |
| <b>Social Security No. / Panther ID</b> |                   | <b>Country/Citizenship</b> | <b>Passport Number/Expiration Date</b> |                 |  |
|   |                   |                            |  |                 |  |
| <b>Home Address</b>                     |                   | <b>City</b>                | <b>State</b>                           | <b>Zip Code</b> |  |
|   |                   |                            |  |                 |  |
| <b>Home Telephone</b>                   |                   | <b>Office Telephone</b>    | <b>Office Fax Telephone</b>            |                 |  |
|   |                   |                            |  |                 |  |
| <b>Office Address</b>                   |                   | <b>City</b>                | <b>State</b>                           | <b>Zip Code</b> |  |
|   |                   |                            |  |                 |  |
| <b>University</b>                       | <b>Department</b> |                            | <b>Title</b>                           |                 |  |
|   |                   |                            |  |                 |  |

**EMERGENCY CONTACT INFORMATION**

|                     |  |                       |                       |  |
|---------------------|--|-----------------------|-----------------------|--|
| <b>First Name</b>   |  | <b>Middle Initial</b> | <b>Last Name</b>      |  |
|                     |  |                       |                       |  |
| <b>Relationship</b> |  | <b>Home Telephone</b> | <b>Work Telephone</b> |  |
|                     |  |                       |                       |  |

**MEDICAL INFORMATION**

|                           |  |                         |              |                 |
|---------------------------|--|-------------------------|--------------|-----------------|
| <b>Physician Name</b>     |  | <b>Office Telephone</b> |              |                 |
|                           |  |                         |              |                 |
| <b>Office Address</b>     |  | <b>City</b>             | <b>State</b> | <b>Zip Code</b> |
|                           |  |                         |              |                 |
| <b>Medical Conditions</b> |  |                         |              |                 |
|                           |  |                         |              |                 |
| <b>Medications</b>        |  |                         |              |                 |
|                           |  |                         |              |                 |