

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**
 - **Biography** (half page by Email to ciber@fiu.edu)
- STEP 4** - Please make check payable to **FIU-CIBER** and mail to:
- Center for International Business Education & Research (**CIBER**)
Florida International University
11200 SW 8th S, 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 8th (recommended) or for May 9th.
- STEP 6** - *Fax a copy of **Travel Insurance**
Note: Participants are encouraged to purchase the travel insurance which covers emergency medical evacuation and repatriation of remains.
- STEP 7** - *Fax a copy of **visa** as soon as you receive it.
Note: US Citizens require a visa to travel to Brazil. Citizens of other countries need to check Consulate websites for all 3 countries if they require visa to travel.
(see main page for visa information)

* Please fax all documents to FIU-CIBER at (305) 348-1789

For more information please contact us at (305) 348-1740 or email us at: ciber@fiu.edu

Please see Registration Form on next page.



**13th Annual
Professional Deveopment in International Business (PDIB) Program**

**MERCOSUR
Brazil, Argentina & Chile
May 9 - 20, 2009**

REGISTRATION FORM

Fillable Form (Please type into the application)

First Name: Last Name: Middle Name:
Date of Birth: Place of Birth:
Citizenship: Passport number: Expiration Date:
Home Address: City: State: Zip Code:
Home Phone: Home Fax: Mobile Phone:
Univ. E-mail: Secondary E-mail:
University: Department: Title:
Work Address: City: State: Zip Code:
Work Phone: Work Fax:

EMERGENCY CONTACT INFORMATION

Name: Relationship:
Address: City: State: Zip Code:
Home Phone: Work Phone: Mobile Phone:

MEDICAL INFORMATION

Physician Name: Phone No:
Address: City: State: Zip Code:

Medical Conditions:

Medications: