



# Cities on Volcanoes 4 Conference January 23 – 27, 2006

## REGISTRATION FORM

### PERSONAL INFORMATION

* First Name _____	* Family name _____ Ms / Mr / Mrs
* Address _____	
* City _____	* State / Province _____
* Country _____	Zip postal code _____
Fax _____	Phone _____
* Email address _____	Alternate email _____
IAVCEI Membership Number (If member) _____	
Please specify any special needs <input type="checkbox"/> Vegetarian <input type="checkbox"/> No seafood <input type="checkbox"/> Smoker <input type="checkbox"/> Other, please specify _____	

\* These fields are mandatory

### ACCOMPANYING PERSONS

1. First name _____	Family name _____ Ms / Mr / Mrs
<input type="checkbox"/> Vegetarian <input type="checkbox"/> No seafood <input type="checkbox"/> Smoker	<input type="checkbox"/> Other, please specify _____
2. First name _____	Family name _____ Ms / Mr / Mrs
<input type="checkbox"/> Vegetarian <input type="checkbox"/> No seafood <input type="checkbox"/> Smoker	<input type="checkbox"/> Other, please specify _____

### REGISTRATION FEES

Number		Before Jan 16, 2006	TOTAL IN US\$
	Participant	US\$ 450,00	
	Accompanying Persons	US\$ 250,00	
<b>TOTAL REGISTRATION FEES:</b>			

### HOTEL ACCOMMODATIONS AT HOTEL QUITO

Number of Persons _____
Nights you will need accommodation*: Date in: ____/____/2006 Date out: ____/____/2006 Total Number of Nights: _____
Please select occupancy options: <input type="checkbox"/> Single <input type="checkbox"/> Double** <input type="checkbox"/> Triple** <input type="checkbox"/> Standard <input type="checkbox"/> Business
Price per night*** _____ (including tax) <span style="float: right;"><b>TOTAL ACCOMMODATION FEES:</b></span>

\*Dates between Jan 15 to Feb 2, 2006.

\*\*To book a double or triple room you need to specify your roommates.

I will share the room with \_\_\_\_\_

\*\*\*Please fill this price according to the Second Circular Hotel Accommodation Fees page 7 or at [www.citiesonvolcanoes4.com](http://www.citiesonvolcanoes4.com).

### FIELD EXCURSIONS

Field Excursion	Days	Fee
<b>Pre-Conference Field Trips</b>		
<input type="checkbox"/> A1. Late Holocene Activity of Tungurahua Volcano	3 days	\$ 205,00
<input type="checkbox"/> A2. Late Pleistocene and Holocene Activity of Chimborazo Volcano	3 days	\$ 205,00
<input type="checkbox"/> A3. Volcanic Domes and Explosive Volcanism at Pululahua Caldera	1 day	\$ 20,00
A4. Guagua Pichincha Volcano : Holocene And Recent Activity	SOLD OUT	
A5. El Reventador volcano: 2002 to present, explosive and effusive activity	SOLD OUT	

Post-Conference Field Trips		
<input type="checkbox"/> C1. Cotopaxi Volcano : Rhyolites to Andesites from 0.5 Ma to the Present	2 days	\$ 140,00
<input type="checkbox"/> C2. Holocene Activity of Cayambe and Imbabura Volcanic Complexes: Volcanic Hazards In The Northern Andes Of Ecuador	3 days	\$ 290,00
<input type="checkbox"/> C3. Historic Debris Flows Of Cotopaxi Volcano And The Hazards In The Latacunga Valley	1 day	\$ 25,00
<input type="checkbox"/> C4: Late Pleistocene Activity of the Silicic Chacana Caldera	2 days	\$ 150,00
<b>TOTAL FIELD EXCURSION FEES:</b>		

#### GALAPAGOS ISLANDS FIELD EXCURSIONS

If you are interested in participating in C5: Galapagos Islands, please contact as soon as possible to Ecuadorian Journeys: infocov4@ecuadorianjourneys.com

#### TOTAL FEES

REGISTRATION FEES	US\$
HOTEL ACCOMODATION FEES	US\$
FIELD EXCURSIONS FEES	US\$
<b>TOTAL</b>	<b>US\$</b>

#### CANCELLATION POLICY

- Notification of cancellation of registration must be sent in writing to Coordinamos Porter Novelli (info@coordinamos.com).
- The registration value will be reimbursed with the penalty of 25%, if communicated before November 30. After that date, there will be no reimbursement.
- All reimbursements will be made after February 6, 2006.

#### PAYMENT DETAILS

Full payment is requested in **US Dollars** by one of these methods:

- Check, made payable to Coordinamos
- Bank transfer to COD. SWIFT: PNBPU3NNYC; Intermediary Bank: Wachovia Bank N.A., New York, N.Y. Produbank, Beneficiary Account Number: 310000353, Beneficiary: Coordinamos; Address: Av. Colón E4-105 y 9 de Octubre, Edificio Solamar, Primer Piso, Oficina 102, Quito, Ecuador. **Cost of transfer must be assumed by sender.**
- Bank Deposit at Ecuador. Banco del Pichincha, Savings Account Number: 10930524-3, Beneficiary: Coordinamos. Please send by fax the deposit ticket
- Credit Card

AMERICAN EXPRESS     VISA     MASTERCARD

Credit Card Number

Expiration date   Security Code

Card holder's name \_\_\_\_\_ Billing address \_\_\_\_\_  
 \_\_\_\_\_ Zip Code \_\_\_\_\_

#### IMPORTANT

- Please send the **Registration Form** by fax (+593 2 2543045) or scan and e-mail info@coordinamos.com and once we process your registration we will send you a confirmation record.
- If you do not receive a confirmation message within 15 days, please send an e-mail to info@coordinamos.com

\_\_\_\_\_  
 Signature