

SCIENTIFIC PROGRAM



CONFERENCE REGISTRATION FORM

International Conference on the
Science and Application of Nanotubes

July 19-24, 2004
San Luis Potosí, S.L.P., MEXICO
<http://materials.ipicyt.edu.mx/nt04>
contact-nt04@ipicyt.edu.mx

Title: Prof. Dr. Student Mr. Ms.
First and middle name: _____
Institution: _____
Address: _____

Zip-code _____ Country _____
Phone _____ Fax _____ E-mail _____
 I have pre-registered at the URL <http://materials.ipicyt.edu.mx/nt04/registration.html>. If yes, my registration number is:

Registration Fees	Pre-Registration (by April 15, 2004)	On Site (after April 15, 2004)	Amount
Regular	<input type="checkbox"/> 400.00 US\$	<input type="checkbox"/> 450.00 US\$	<input type="checkbox"/> _____ US\$
Academic	<input type="checkbox"/> 300.00 US\$	<input type="checkbox"/> 350.00 US\$	<input type="checkbox"/> _____ US\$
Student	<input type="checkbox"/> 200.00 US\$	<input type="checkbox"/> 250.00 US\$	<input type="checkbox"/> _____ US\$
Accompanying (Covers only social events)	<input type="checkbox"/> 75.00 US\$	<input type="checkbox"/> 75.00 US\$	<input type="checkbox"/> _____ US\$

I request partial support/reduced registration fee.
Justification (may continue on a separate page)

METHOD OF PAYMENT

WIRE TRANSFER INFORMATION
Beneficiary Bank: BBVA Bancomer, S. A.
Address of Beneficiary Bank: Av. Universidad Number 1200, Col. Xoco, México, DF 03339
Swift of Beneficiary Bank: BCMRMXMM
Intermediary Institution: J. P. Morgan Chase Bank
ABA of Intermediary Institution: 021000021
Beneficiary Customer: Sociedad Mexicana de Nanociencias y Nanotecnología, A.C./Nanotube'04
Account Beneficiary Customer: 0142934957
Country: México
Branch: 0470 Avenida, San Luis Potosi
Reference: Nanotube'04

MONEY ORDER
To credit order: BBVA Bancomer, S.A.
With correspond to: J. P. Morgan Chase Bank
Beneficiary: Sociedad Mexicana de Nanociencias y Nanotecnología, A.C./Nanotube'04
Country: México

PLEASE SEND BY FAX THE COPY OF THE WIRE TRANSFER OR MONEYORDER

CREDIT CARD TYPE: VISA Mastercard Expiration: ____ / ____
MM YY
Card number: _____
Cardholder: _____
Please provide the digits on the back of your credit card: _____

Charge the amount of US\$
for NT'04 registration to my credit card.
DATE: ____ / ____ / ____
DD MM YY
SIGNATURE: _____

If you need a receipt, please fill in:
NAME: _____ AS ABOVE MENTIONED
INSTITUTION: _____ AS ABOVE MENTIONED
ADDRESS: _____ AS ABOVE MENTIONED
CITY: _____ AS ABOVE MENTIONED

Please print out this page and fax to us after completion

Pre-registration deadline is April 15, 2004

FAX number: +52 (444) 834 - 20 - 40

SECURE FAX DEDICATED TO NT'04

ADDRESS: Prof. Mauricio Terrones, chairman NT04, IPICYT, Camino a la Presa San José 2055, Lomas 4a Sección, CP 78216, San Luis Potosí, S. L. P., MEXICO.

HOTEL RESERVATION FORM



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contact-nt04@ipicyt.edu.mx

Title: Prof. Dr. Student Mr. Ms. Gender: Male Female

First and middle name: _____

Institution: _____

Address: _____

_____ Zip-code _____ Country _____

Phone _____ Fax _____ E-mail _____

I have pre-registered at the URL <http://materials.ipicyt.edu.mx/nt04/registration.html>. If yes, my registration number is:

HOTEL ACCOMODATIONS

Accompanying Yes No Number of Persons: Arrival date: ___/___/___ Departure date: ___/___/___ Number of Nights:

REAL DE MINAS VENUE HOTEL We announce that the Real de Minas Hotel is now FULL!	SANDS HOTEL Next to venue hotel We announce that the Sand's Hotel is now FULL!	COUNTRY INN 5 km to the venue hotel Shuttle to venue hotel provided We announce that the Country Inn Hotel is now FULL!	REAL PLAZA Near downtown San Luis P. shuttle may be provided to venue hotel daily <input type="checkbox"/> Single room \$ 48.50 USD <input type="checkbox"/> Double room \$ 52.00 USD <input type="checkbox"/> Three persons per room \$ 56.00 USD <input type="checkbox"/> Four persons per room \$ 59.50 USD **Tax and tips are also included. Breakfast has an additional cost of approximately \$8.00 USD.
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Cancellations are possible 72 hours prior to arrival. Otherwise, the cost of the first night accommodation will be charged.

SPECIAL ACCOMODATION NEEDS

Vegetarian Menu: Yes No Smoking: Yes No

Other: _____

METHOD OF PAYMENT

CREDIT CARD TYPE: VISA Mastercard Expiration: ___/___ / ___/___
MM YY

Card number: _____ Please provide the digit on the back of your credit card: _____

Cardholder: _____

Charge the amount of US\$ for NT'04 hotel reservation to my credit card.

DATE: ___/___/___
DD MM YY

SIGNATURE: _____

If you need a receipt, please fill in:

NAME: _____ AS ABOVE MENTIONED

INSTITUTION: _____ AS ABOVE MENTIONED

ADDRESS: _____ AS ABOVE MENTIONED

CITY: _____ AS ABOVE MENTIONED

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