



U.S. COLOMBIAN MEDICAL ASSOCIATION, INC.

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**Programa Científico
XXX Congreso de USCMA
Bogotá, Colombia
Julio 28 al 31 de 2010**

HOJA DE INSCRIPCION

Name _____ Date _____

Address _____ City _____ State _____

Zip Code _____ Phone office (____) _____

Residence (____) _____ Fax(____) _____

E-mail _____

Check # _____ Bank _____ Amount _____

Credit Card:

VISA _____ MASTERCARD _____ AMEX _____ Amount _____

Account # _____ Exp. Date _____

Name On Card _____

Cardholder Signature _____

INSCRIPCION AL CONGRESO

Médicos Activos
\$300.00

Retirados
\$200.00

En entrenamiento
\$100.00

(cheque a nombre de USCMA, Tarjetas Visa – Mastercard – American Express).