

OFFICIAL  
REQUIREMENT

PHOTO  
2 X 2

**YOU**



*World Boxing Organization*



OFFICIAL  
REQUIREMENT

PHOTO  
2 X 2

**COMPANION**

**26<sup>TH</sup> WBO CONGRESS REGISTRATION**  
AUGUST 26<sup>TH</sup> – 30<sup>TH</sup> 2013

(Please print clearly)  
(Use letra de molde)

NAME: \_\_\_\_\_ COMPANION: \_\_\_\_\_  
*Nombre* *Acompañante*

CIRCLE ONE/*Escoja*: Referee \_\_ Judge \_\_ Promoter \_\_ Matchmaker \_\_  
Boxing Executive \_\_ Federation \_\_ Commission \_\_ Media \_\_ Other: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*Dirección*

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
*Ciudad* *Estado* *País* *Código Postal*

PH (BUS) \_\_\_\_\_ (RES) \_\_\_\_\_  
*Tel. oficina* *Residencia*

FAX (BUS) \_\_\_\_\_ MOBILE \_\_\_\_\_  
*Fax Oficina* *Celular*

EMAIL: \_\_\_\_\_  
*Correo Electrónico*

REGISTRATION FEE: Couple \$400.00 \_\_\_\_\_ *Pareja*  
Single \$275.00 \_\_\_\_\_ *Sencillo*

**LATE REGISTRATION**

Price after July 19

Precio después del 19 de julio

Couples \$450.00 Singles \$325.00

**Call Doris Companys**

(787) 765-4628 direct line

[dcompanys@wbo-int.com](mailto:dcompanys@wbo-int.com)

(787) 758-9053 Fax

## Credit Card Authorization

Dear Sir/Madam,

We ask you to please sign and date the form before submission. Please fax the completed form with your agreement.

### Cardholder Information

Name as it appears on the credit card: \_\_\_\_\_

Card type:       Visa     MC

Account type:     Individual (personal credit card)

Corporate | Company Name: \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Address:  
(where statement is mailed) \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

### Guest Information

Guest name: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or alternate number: \_\_\_\_\_

Guest name: \_\_\_\_\_

Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_

### Approved Charges

Registration     Advertising     Golf     Hotel

I certify that all information is complete and accurate. I hereby authorize World Boxing Organization to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

