



Professional Congress Organization Service for 2nd CELP in Macau Congress RSVP Form (for member group registration only – 10 persons or above)

Participant #1 (<i>Contact Person</i>)			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.	First name:	Surname:	
Address			
City:	Country:	Date of birth:	Passport No.
Contact No.:	Fax:	E-Mail:	Website:
Member number:		Association:	
I would like to confirm my participation in the 2 nd CELP with the following package (Multiple selections):			
<input type="checkbox"/> Package A	<input type="checkbox"/> Package B	<input type="checkbox"/> Package C	
Accompanying person information: (For Package C only)			
First name:	Surname:	Date of birth:	Passport No.
Arrival Date:	Departure Date:	Flight No.	
Total No. of participants in this group:		Total No. of accompanying person in this group:	

Data and Contact Person Signature

On behalf of the participants / accompanying persons in this group registration

GROUP PAYMENT:	
<input type="checkbox"/> <i>Payment Method 1: Cheque</i>	<input type="checkbox"/> <i>Payment Method 2: T/T</i>
<input type="checkbox"/> <i>Payment Method 3: Credit Card (Please fill in the Credit Card information form also)</i>	



2.º CONGRESSO DE ENGENHEIROS DE LÍNGUA PORTUGUESA

A ENGENHARIA COMO FACTOR DECISIVO NO PROCESSO DE COOPERAÇÃO



27-28 DE NOVEMBRO DE 2014
Venetian Hotel, MACAU

Participant #2			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.		First name:	Surname:
Address			
City:	Country:	Date of birth:	Passport No.
Contact No.:	Fax:	E-Mail:	Website:
Member number:		Association:	
I would like to confirm my participation in the 2 nd CELP with the following package (Multiple selections):			
<input type="checkbox"/> Package A		<input type="checkbox"/> Package B	<input type="checkbox"/> Package C
Accompanying person information: (For Package C only)			
First name:	Surname:	Date of birth:	Passport No.
Arrival Date:	Departure Date:		Flight No.

Participant #3			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.		First name:	Surname:
Address			
City:	Country:	Date of birth:	Passport No.
Contact No.:	Fax:	E-Mail:	Website:
Member number:		Association:	
I would like to confirm my participation in the 2 nd CELP with the following package (Multiple selections):			
<input type="checkbox"/> Package A		<input type="checkbox"/> Package B	<input type="checkbox"/> Package C
Accompanying person information: (For Package C only)			
First name:	Surname:	Date of birth:	Passport No.
Arrival Date:	Departure Date:		Flight No.

Participant #4			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.		First name:	Surname:
Address			
City:	Country:	Date of birth:	Passport No.
Contact No.:	Fax:	E-Mail:	Website:
Member number:		Association:	
I would like to confirm my participation in the 2 nd CELP with the following package (Multiple selections):			
<input type="checkbox"/> Package A		<input type="checkbox"/> Package B	<input type="checkbox"/> Package C
Accompanying person information: (For Package C only)			
First name:	Surname:	Date of birth:	Passport No.
Arrival Date:	Departure Date:		Flight No.



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Participant #5			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.		First name:	Surname:
Address			
City:	Country:	Date of birth:	Passport No.
Contact No.:	Fax:	E-Mail:	Website:
Member number:		Association:	
I would like to confirm my participation in the 2 nd CELP with the following package (Multiple selections):			
<input type="checkbox"/> Package A		<input type="checkbox"/> Package B	<input type="checkbox"/> Package C
Accompanying person information: (For Package C only)			
First name:	Surname:	Date of birth:	Passport No.
Arrival Date:	Departure Date:		Flight No.

Participant #6			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.		First name:	Surname:
Address			
City:	Country:	Date of birth:	Passport No.
Contact No.:	Fax:	E-Mail:	Website:
Member number:		Association:	
I would like to confirm my participation in the 2 nd CELP with the following package (Multiple selections):			
<input type="checkbox"/> Package A		<input type="checkbox"/> Package B	<input type="checkbox"/> Package C
Accompanying person information: (For Package C only)			
First name:	Surname:	Date of birth:	Passport No.
Arrival Date:	Departure Date:		Flight No.

Participant #7			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.		First name:	Surname:
Address			
City:	Country:	Date of birth:	Passport No.
Contact No.:	Fax:	E-Mail:	Website:
Member number:		Association:	
I would like to confirm my participation in the 2 nd CELP with the following package (Multiple selections):			
<input type="checkbox"/> Package A		<input type="checkbox"/> Package B	<input type="checkbox"/> Package C
Accompanying person information: (For Package C only)			
First name:	Surname:	Date of birth:	Passport No.
Arrival Date:	Departure Date:		Flight No.



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Participant #8			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.	First name:	Surname:	
Address			
City:	Country:	Date of birth:	Passport No.
Contact No.:	Fax:	E-Mail:	Website:
Member number:		Association:	
I would like to confirm my participation in the 2 nd CELP with the following package (Multiple selections):			
<input type="checkbox"/> Package A	<input type="checkbox"/> Package B	<input type="checkbox"/> Package C	
Accompanying person information: (For Package C only)			
First name:	Surname:	Date of birth:	Passport No.
Arrival Date:	Departure Date:	Flight No.	

Participant #9			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.	First name:	Surname:	
Address			
City:	Country:	Date of birth:	Passport No.
Contact No.:	Fax:	E-Mail:	Website:
Member number:		Association:	
I would like to confirm my participation in the 2 nd CELP with the following package (Multiple selections):			
<input type="checkbox"/> Package A	<input type="checkbox"/> Package B	<input type="checkbox"/> Package C	
Accompanying person information: (For Package C only)			
First name:	Surname:	Date of birth:	Passport No.
Arrival Date:	Departure Date:	Flight No.	

Participant #10			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.	First name:	Surname:	
Address			
City:	Country:	Date of birth:	Passport No.
Contact No.:	Fax:	E-Mail:	Website:
Member number:		Association:	
I would like to confirm my participation in the 2 nd CELP with the following package (Multiple selections):			
<input type="checkbox"/> Package A	<input type="checkbox"/> Package B	<input type="checkbox"/> Package C	
Accompanying person information: (For Package C only)			
First name:	Surname:	Date of birth:	Passport No.
Arrival Date:	Departure Date:	Flight No.	

To add more registrants, please copy this page.



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27-28 DE NOVOBRO DE 2014
Venetian Hotel, MACAU

Package		Registration Fee & Payment	Until 26 th August, 2014	Until 25 th Sept, 2014	Until 25 th Oct, 2014
A	Member*	Registration fee	60EUR	80EUR	100EUR
B		Registration fee + Hotel Accommodation	200EUR	250EUR	300EUR
C	Accompanying Person**	Registration Fee	30EUR	40EUR	50EUR

Registration fee includes:

- Admission to all plenary sessions
- Admission to all parallel sessions
- Admission to opening ceremony
- Admission to closing ceremony (if any)
- Joining of Lunch Buffet on 27th & 28th Nov, 2014
- Joining of Gala Dinner on 27th Nov, 2014
- Joining of Technical Tour on 29th Nov, 2014
- Congress Materials. (such as Final Programme)

Hotel Accommodation includes:

- 3 nights (26/11 Check-in, 29/11 Check-out) in the 5-Star Hotel, [Venetian Resort](#)
- [Royale Suite](#) (single bed room) will be offered
- Breakfast Buffet was included (27th, 28th & 29th Nov, 2014)
- [Bella Suite](#) (double bed room) will be offered for those participants registered with Accompanying Person**



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***Members of**

Ordem dos Engenheiros de Angola

Ordem dos Engenheiros de Cabo-Verde

Ordem dos Engenheiros de Moçambique

CONFEA

Ordem dos Engenheiros de Portugal

The Macau Institute of Engineers

Ordem dos Engenheiros Agrários de Guiné-Bissau

Ordem dos Engenheiros de Timor

Ordem dos Engenheiros e Arquitectos de São Tomé e Príncipe

Ordem dos Engenheiros e Brasil

****Registration fee for Accompanying Person includes**

- Admission to Opening Ceremony
- Admission to Closing Ceremony (if any)
- Joining of Lunch Buffet on 27th & 28th Nov, 2014
- Joining of Gala Dinner on 27th Nov, 2014
- Joining of Technical Tour on 29th Nov, 2014
- Breakfast buffet on 27th, 28th & 29th Nov, 2014
- [Bella Suite](#) (double bed room) will be offered for those participants registered with Accompanying Person

Payment details:

- Bank: Banco Nacional Ultramarino – BNU
- T/T: Swift code : BNULMOMX
- Bank-in(local): Acc no. MOP 9004129567



Professional Congress Organization Service for 2nd CELP in Macau Credit Card Payment form

Credit Card Payment Instruction:	
Type of Credit Card:	<input type="checkbox"/> Master Card <input type="checkbox"/> Visa
Bank Name:	BNU
Cardholder's Name:	
Card Number:	
CVC2/CVV2**:	
Expiry Date:	/ (MM/YY)
Amount To Be Charged:	MOP

*CVC2/CVV2 is the last three digits of the number listed in the signature panel on the back of the card.

Date and Signature