



REGISTRATION FORM

To participate, please fill the following form and send it by e-mail before Friday, March 14, 2014.

Fax : (56) 2 26174510, e-mail: assal@svs.cl

PARTICIPANT'S INFORMATION			
First Name:		Family Name:	
Organization:		Job Title:	
Address:			
City:		Country/Jurisdiction:	
Telephone:		Fax:	
E-mail:			
LODGING			
Hotel:			
FLIGHT INFORMATION			
Arrival Date	Arrival Time	Flight N°	Airline
Departure Date	Departure Time	Flight N°	Airline
PARTICIPATION IN SOCIAL EVENTS			
Event	Participate	Do Not Participate	
Sunday 20 April - Welcome Cocktail			
Wednesday 23 Apr - Closing Dinner			
REGISTRATION FEE: USD \$ 500 (US dollars)			
PAYMENT METHOD			
BANK TRANSFER IN USD:			
Banco: Banco Santander de Chile Nombre Cuenta: Asociación de Supervisores de Seguros de América Latina – ASSAL Plaza: Santiago, Chile Número de Cuenta: 5100081182 Código Swift: BSCHCLRM ABA: NO TIENE Dirección: Bandera N ° 140, Chile.		Remesa Vía USA Banco Intermediario: WACHOVIA BANK N.A. (New York, U.S.A.) ABA: 026005092 Código Swift: PNBPUS3NNYC Número de Cuenta: 2000192290409 (Cta. Cte. Banco Santander Chile con Wachovia Bank New York U.S.A.)	
		Remesa en EUROS Banco Intermediario: Banco Santander Central Hispano S.A. (Madrid) IBAN: ES 4200 495494852910148818 Código Swift: BSCHESSMM Número de Cuenta: 495494852910148818 (Cta. Cte. Banco Santander Chile con Banco Santander Central Hispano S.A., Madrid)	

CASH IN USD:In Secretariat located in the Sheraton Asunción Hotel