

HOW TO COMPLETE THE REGISTRATION FORM

COLEGIO DE INFORMATICA Y TECNOLOGIA DE PUERTO RICO

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

NAME: _____

POSTAL ADDRESS: _____

Street *Office/Room/Box #*

City *State* *Postal Code* *Country*

Phone: _____ Fax: _____

Email: _____ Other: _____

ANOTHER CONTACT INFORMATION: Please complete the following:

Name: _____

Address: _____

Street *Office/Room/Box #*

City *State* *Postal Code* *Country*

Phone: _____ Email: _____

Member Sign: _____ Date: _____

COLEGIO DE INFORMATICA Y TECNOLOGIA DE PUERTO RICO (THIS AREA: OFFICE ONLINE)

AUTHORIZATION CODE: _____ MEMBER #: _____

AUTHORIZED SIGN: _____ CORPORATE SEAL: _____

SIGN: _____

DATE: _____ EXPIRATION DATE: _____

