

**OFFICIAL
REQUIREMENT**

**PHOTO
2 X 2**

YOU



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REQUIREMENT**

**PHOTO
2 X 2**

COMPANION

**23rd ANNUAL CONVENTION
REGISTRATION FORMS
OCTOBER 25TH TO 29TH 2010**

(Please print clearly)
(Use letra de molde)

NAME: _____
Nombre

COMPANION: _____
Acompañante

CIRCLE ONE/Escoja: WBO Referee Judge Promoter Matchmaker
Boxing Executive Federation Commission Media Other: _____

ADDRESS: _____
Dirección

CITY _____ **STATE** _____ **COUNTRY** _____ **ZIP CODE** _____
Ciudad _____ **Estado** _____ **Pais** _____ **Código Postal**

PH (BUS) _____ **(RES)** _____ **(MOBILE)** _____
TELEFONOS (OFIC)

FAX (BUS) _____ **(RES)** _____
(OFIC)

E-MAIL: _____

REGISTRATION FEE:

COUPLES \$400.00 _____ **Parejas**
SINGLES \$200.00 _____ **Individual**

**LATE FEE AFTER 9/24/2010
NO EXCEPTIONS**

**COUPLES \$500.00
SINGLES \$300.00**

HOTEL CARIBE
Bocagrande, Cra 1era No 2-87
Cartagena de Indias, Colombia
Tel: +57 (5) 650-1160 & +57 (5) 665-0155 Fax: +57 (5) 665-4970

RATES/Tarifas	PER NIGHT
Octubre 25 al 29 de 2010	
Superior SGL - Sencilla Torre Laguito o Lagomar	USD 153* approx
Superior DBL- doble Torre Laguito o Lagomar	USD 171* approx
Premium SGL Torre Laguito o Lagomar	USD 181* approx
Premium DBL Torre Laguito o Lagomar	USD 199* approx
Jr. Suite SGL Torre Lagomar	USD 226* approx
Jr. Suite DBL Torre Lagomar	USD 244* approx
ADDITIONAL PERSON	USD 51* approx
*Colombian Pesos Prices subject to exchange rate upon departure plus taxes	

ARRIVES ON: ----- **DEPARTS ON:** -----
 Llegada Salida

Ask for special rates before and after convention dates
 Pregunta por las tarifas especiales antes y después de las fechas de la convención

Extra nights/Noches adicionales _____
Dates/Fechas _____
Smoking _____ **Non-smoking** _____ **Handicap** _____

HOTEL RESERVATIONS ONLY WITH/Reservar con:

Leandra Navarro Valdelamar
Group Operational Coordinator
Hotel Caribe
Extension 7807
E-mail: grupos@hotelcaribe.com

See property: <http://www.hotelcaribe.com/indexe.htm>

RESERVE EARLY, LIMITED SPACE TO 120 ROOMS
RESERVA A TIEMPO, ESPACIO LIMITADO A 120 HABITACIONES

**13th TOURNAMENT OF WBO CHAMPIONS
CLUB CAMPESTRE DE CARTAGENA**

***subject to our finalizing negotiations with the club**

GOLFERS ARRIVAL DATE: OCTOBER 24, 2010

Tournament: OCTOBER 25TH 2010

Price: \$100.00

A. Name: _____ Title: _____

B. Name: _____ Title: _____

Company: _____ Address: _____

City: _____ Country: _____ Zip Code: _____

Ph: _____ Fax: _____ E-mail: _____

Polo Size: S M L XL

Handicap A: _____

Handicap B: _____

FORM OF PAYMENT: CHECK _____ CREDIT CARD: Visa or Mastercard

Mail Check and Form:

**WBO Headquarters
1056 Muñoz Rivera Avenue, Suite 711
San Juan, PR 00927**

Fax or E-mail Form with Credit Card Authorization

Fax: (787) 758-9053 or by E-mail: boxing@wbo-int.com

**XXIII COLLECTION CONVENTION MAGAZINE
ADVERTISING OPTIONS**

BACK COVER	SOLD		INTERIOR FRONT	\$5,500	
INTERIOR BACK	\$5,500		CENTER PAGE	\$6,000	
FULL PAGE	\$1,500		HALF	\$ 750	
QUARTER	\$ 375		BUSINESS CARD	\$ 100	

ADS MUST BE IN ONE OF THE FOLLOWING FORMATS: PDF, EPS, TIFF, HIGH RES, JPEG

SPONSORSHIP

PLATINUM \$6,000	CORPORATE LOGOS ON HOTEL BANNERS; WBO EVENTS & ACTIVITIES; ON ALL MATERIALS USED IN CONVENTION; PLUS IN ALL INT'L MEDIA COVERAGE: (ALSO ON GOLF TEES AND GREENS IF APPLICABLE)	
GOLD \$5,500	CORPORATE NAME AT ALL WBO EVENTS & ACTIVITIES. EVENTS; ON ALL MATERIALS USED IN THE CONVENTION; PLUS ALL INT'L MEDIA COVERAGES. (ALSO ON GOLF TEES AND GREENS IF APPLICABLE)	
SILVER \$4,500	CORPORATE NAME ON MATERIALS USED DURING THE CONVENTION. REMEMBER EVENT HAS REGIONAL, NATIONAL AND INT'L MEDIA COVERAGE:	

Name: _____ Company: _____

Address: _____ City: _____ Country: _____

Zip Code: _____ Ph: _____ Fax: _____ E-mail: _____

DEADLINE: 8/18/2010

NO EXCEPTIONS

Email: silvertipart@yahoo.com and boxing@wbo-int.com

Credit Card Authorization

Dear Sir/Madam,

We ask you to please sign and date the form before submission. Please email, fax, or mail the completed form with your agreement. Firme y feche antes de enviar por fax, correo, o email

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: _____

Guest name: _____

Arrival date: _____ Departure date: _____

Approved Charges

Registration Advertising Golf

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: _____