

ISMANAM 2001
June 24-29
Ann Arbor, Michigan

Registration form
(Please fax to +1-734-763-4540)

Professor Dr. Mr. Ms. .

First name _____ E-mail _____
Last name _____ Complete _____
Affiliation _____ address _____
Telephone _____
Fax _____

Please check the applicable boxes:

I am a student .

I am an accompanying person .

Today's date is before 1 May 2001 .

Credit-card information:

Visa Mastercard American Express .

Credit-card number .

Expiration date: Month Year .

I authorize payment of the amount of \$ _____

Signature