

ISMANAM 2001 Registration form

Professor Dr. Mr. Ms. .

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

Please check if you are a student .

Please check if you are an accompanying person .

Enclosed is a cashier's check/bank draft in the amount of \$ _____ made out to ISMANAM-2001.

(please insure that the amount you send is based on the correct exchange rate)

Registration fee in US \$

| | Received before 1 May | Received after 1 May |
|---------------------|-----------------------|----------------------|
| Full participant | 400 | 470 |
| Student | 200 | 250 |
| Accompanying person | 100 | 120 |

Please mail this form to:

ISMANAM 2001
Cooley Building / North Campus
University of Michigan
Ann Arbor, MI 48109-2104
USA

ISMAMAM 2001 Credit Card Registration form

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