

REGISTRATION FORM – CMS WINTER MEETING 2004

www.cms.math.ca/Events/winter04/forms.html

CMS ID <input type="checkbox"/> DR. <input type="checkbox"/> PROF. <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> MR.		DESIGNATION <input type="checkbox"/> Plenary/Prize/Public Speaker <input type="checkbox"/> Organizer <input type="checkbox"/> Participant <input type="checkbox"/> Session Speaker, Specify Session _____	ACCOMMODATION <input type="checkbox"/> Hilton <input type="checkbox"/> Best Western <input type="checkbox"/> Residence <input type="checkbox"/> Other <input type="checkbox"/> Not Required
LAST NAME		MEMBERSHIP <input type="checkbox"/> CMS <input type="checkbox"/> AMS <input type="checkbox"/> MAA <input type="checkbox"/> Provincial Ass'n _____ <input type="checkbox"/> School Board _____ <input type="checkbox"/> Other _____	SPECIAL DIET <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian <input type="checkbox"/> Diabetic <input type="checkbox"/> Low Fat <input type="checkbox"/> Milk Allergy <input type="checkbox"/> Nut Allergy <input type="checkbox"/> Other _____
FIRST NAME			
INSTITUTION (FOR NAME TAG)			
ADDRESS			
ADDRESS		PROFESSION <input type="checkbox"/> University Professor <input type="checkbox"/> College/CEGEP Teacher <input type="checkbox"/> School Teacher <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Postdoc <input type="checkbox"/> Retired <input type="checkbox"/> Other	ARRIVAL DATE
CITY			DEPARTURE DATE
PROV/STATE _____ POSTAL/ZIP CODE _____			VOLUNTARY INFORMATION <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
COUNTRY		TELEPHONE	I WILL BE ATTENDING THE FOLLOWING SESSIONS <input type="checkbox"/> Algebraic Combinatorics <input type="checkbox"/> Approximation Theory <input type="checkbox"/> Arithmetic Geometry <input type="checkbox"/> Combinatorial and Geometric Group Theory <input type="checkbox"/> Commutative Algebra <input type="checkbox"/> Discrete Geometry <input type="checkbox"/> Dynamical Systems and Applications <input type="checkbox"/> Groups, Equations, Non-Commutative Algebraic Geometry <input type="checkbox"/> Harmonic Analysis <input type="checkbox"/> History of Mathematics <input type="checkbox"/> Interactions Between Algebra and Computer Science <input type="checkbox"/> Mathematical Methods in Statistics <input type="checkbox"/> Mathematics for Future Teachers <input type="checkbox"/> Number Theory <input type="checkbox"/> Special Structures in Differential Geometry <input type="checkbox"/> Universal Algebra and Complexity <input type="checkbox"/> Contributed Papers
EMAIL		I AGREE TO HAVE MY NAME APPEAR IN THE PARTICIPANTS LIST ON THE CMS MEETING WEBSITE <input type="checkbox"/> YES <input type="checkbox"/> NO	I WILL ATTEND THE PARTICIPANTS LUNCHEON <input type="checkbox"/> YES <input type="checkbox"/> NO
I WILL BE ATTENDING THE FOLLOWING SESSIONS		I WILL ATTEND THE WOMEN'S LUNCHEON <input type="checkbox"/> YES <input type="checkbox"/> NO	I WOULD LIKE TO DELIVER A CONTRIBUTED PAPER <input type="checkbox"/> YES <input type="checkbox"/> NO DEADLINE FOR REGISTRATION FEES AND ABSTRACT IS OCTOBER 10, 2004. ABSTRACTS WILL NOT BE CONSIDERED UNLESS REGISTRATION FEE IS PAID.

FEES ALL CATEGORIES INCLUDE A TICKET TO THE PARTICIPANTS LUNCHEON. SHOULD MORE THAN ONE CATEGORY APPLY, PLEASE CHOOSE THE LOWER FEE.			
	BEFORE NOV 1	AFTER NOV 1	DEADLINES REDUCED FEES PRE-REGISTRATION NOVEMBER 1 CANCELLATION (LESS \$40 ADMIN FEE) NOVEMBER 30
<input type="checkbox"/> Plenary/Public Lecturer (1 free banquet ticket)	\$ 0	\$ 0	CHEQUES PAYABLE TO THE CANADIAN MATHEMATICAL SOCIETY CREDIT CARD PAYMENT <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA CARD NUMBER _____ EXPIRY DATE _____ CARDHOLDER NAME _____ SIGNATURE _____ FORM MUST BE SIGNED BY CARDHOLDER
<input type="checkbox"/> Prize Lecturer (2 free banquet tickets)	\$ 0	\$ 0	
<input type="checkbox"/> Session Speaker	\$ 225	\$ 290	
<input type="checkbox"/> Organizer	\$ 150	\$ 195	
<input type="checkbox"/> Non Member	\$ 450	\$ 585	
<input type="checkbox"/> CMS/AMS/MAA Member with grants	\$ 300	\$ 390	
<input type="checkbox"/> CMS/AMS/MAA Member without grants	\$ 150	\$ 195	
<input type="checkbox"/> One-Day Fee	\$ 200	\$ 260	
<input type="checkbox"/> Postdoc/Retired	\$ 115	\$ 150	
<input type="checkbox"/> Teacher (K-12, CEGEP)/Student/Unemployed	\$ 60	\$ 80	
<input type="checkbox"/> Banquet _____ X	\$ 60	\$ 60	
REGISTRATION \$ _____ + BANQUET \$ _____ = TOTAL \$ _____			

PLEASE SEND YOUR COMPLETE FORM WITH PAYMENT TO: CMS, 577 KING EDWARD AVE., OTTAWA, ON CANADA K1N 6N5

FAX: 613-565-1539 (FOR CREDIT CARD PAYMENTS ONLY)