

1. PERSONAL PARTICULARS

Prof / Dr / Mr / Mrs / Ms**

Title and Full Name as in Passport/Identity Card (underline Surname/Family Name):



MEMBERSHIP APPLICATION FORM

BRAIDS

(14 May - 13 Jul 2007)

This form should be completed and returned to: Institute for Mathematical Sciences, 3 Prince George's Park, Singapore 118402 or fax to: (65) 6873 8292, at least 3 months before commencement of the membership. Application deadline on 10 March 2007.

Designation:

Institution Name & Address:		Telephone Nos.:				
		(Off	ice)	(Mol	bile)	
		(Но	me)	(Pag	ger)	
			Fax No.:			
Postal Address: (if different from above address):		E-m	E-mail Address:			
		Nat	ionality:			
		Pas	Passport No.: Date		e of Issue:	
Date of Birth:	Sex*:	Pla	ce of Issue:	Dat	te of Expiry:	
Country of Birth:	☐ Male ☐ Female				-	
2 ITINED ADV AND ACCOMMODATION						
2. ITINERARY AND ACCOMMODATION				N		
Date of Arrival (confirmed/tentative**): Date of D	Date of Departure (confirmed / tentative		Lodging Arrangement*: ☐ Yes ☐ No		No. of accompanying family member(s):	
If lodging arrangement is required please specify your preferences. (More information on lodging is available at htt://www.ims.nus.edu.sg/vizinfo.htm)*:						
☐ NUS Campus Lodging (limited availability)	Hou	se / Inn / Hotel (indicate name belo	Room Type*:			
					☐ Superior ☐ Deluxe Occupancy*:	
☐ Other Requests / Comments:					☐ Single ☐ Double	
					Inclusive of breakfast*:	
					☐ Yes ☐ No	
If your family member(s) is to accompany you, please provide the following for each family member.:						
Name 1.	Name Relationship			and C	Country of Birth	
2.						
3.						
4.						
*Please indicate ⊠ as appropriate						

3. FINANCIAL POSITION (Applicable to those applying for financial support)					
Please indicate types of financial support required from Institute*: ☐ Travel Cost ☐ Living Expenses ☐ Others (please specify):	Have you applied or been granted financial support from other sources for your visit*: ☐ Yes ☐ No				
If you wish to apply for financial support from IMS, please provide 3 letters of recommendation to be sent by the letter writers directly to the following address: The Director Institute for Mathematical Sciences National University of Singapore 3 Prince George's Park Singapore 118402 Republic of Singapore The following individuals will submit letters of reference for my application 1. 2. 3.					
4. PUBLICATIONS Please list your publications in chronological order on a separate sheet and attach.					
5. CURRICULUM VITAE					
Please attach your curriculum vitae on separate sheet.					
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*Please ⊠ as appropriate

Note:

- IMS members do not need to complete any registration form for all the program activities such as conferences, workshops and tutorials.
- Fax no. is required for transmission of Employment/Dependent's Pass application form to expedite application, which can take up to 4 weeks. Employment/Dependent's Pass is necessary for periods of stay 14 days or longer.
- If you have not finalized the confirmed arrival and departure dates, please let us have them at least 2 months before your arrival to Singapore.
- Only limited on-campus accommodation is available. If you are requesting such accommodation, we need your confirmed arrival and departure dates so that we can try our best to secure a room for you.