NUS National University of Singapore

IMS Institute for Mathematical Sciences

MEMBERSHIP APPLICATION FORM

Mathematical Imaging and Digital Media
(5 May – 27 Jun 2008)

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.

1. PERSONAL PARTICULARS

Title and Full Name as in Passport/Identity Card *(underline Surname/Family Name)*: Prof / Dr / Mr / Mrs / Ms**		Designation:	
Institution Name & Address:		Telephone Nos.: (Office) (Mobile) (Home) (Pager)	
		Fax No.:	
Postal Address: *(if different from above address)*:		E-mail Address:	
		Nationality:	
		Passport No.:	Date of Issue:
Date of Birth:	Sex*: ☐ Male ☐ Female	Place of Issue:	Date of Expiry:
Country of Birth:			

2. ITINERARY AND ACCOMMODATION

Date of Arrival (confirmed/tentative**):	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)*

☐ Off Campus Club House / Inn / Hotel *(indicate name below)*

☐ Other Requests / Comments:

Room Type*:
☐ Superior ☐ Deluxe

Occupancy*:
☐ 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	Relationship	City and Country of Birth
1.			
2.			
3.			
4.			

Please indicate ☒ as appropriate

***** Please delete 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 applications: Name Affiliation 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.

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.