

## WORKSHOP REGISTRATION FORM

### Mathematics and Computation in Imaging Science and Information Processing (July – December 2003 and August 2004)

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** or email to: **ims@nus.edu.sg**, at least 1 month before the commencement of workshop. Registration is free. If you are an invited speaker or IMS member or are applying for IMS membership, you do not need to complete this form.

#### 1. WORKSHOP DETAILS

Please select all the workshops that you will be attending\*:

- Information processing for medical images (**8 - 9 September 2003**)
- Time-frequency analysis and applications (**22 - 26 September 2003**)
- Joint Workshop on Information Processing (**20 - 23 October 2003**)
- Mathematics in image processing (**8 - 9 December 2003**)
- Functional and harmonic analyses of wavelets and frames (**4 - 7 August 2004**)
- International workshop IMS-IDR-CWAIP Joint Workshop on Data Representation (**16 - 20 August 2004**)

#### 2. PERSONAL PARTICULARS

Title and Full Name as in Passport/Identity Card ( <i>underline Surname/Family Name</i> ): Prof / Dr / Mr / Mrs / Ms**		Designation:
Institution Name:	Department:	
Institution Address:	Postal Address: ( <i>if different</i> ):	
E-mail Address:	Telephone Nos.:	Fax No.:

#### 3. ACCOMMODATION (*Applicable only to overseas participant requesting accommodation arrangement*)

Date of Arrival (confirmed / tentative**):	Date of Departure (confirmed / tentative**):
Please specify your preferences. ( <i>More information on accommodation is available at <a href="http://www.ims.nus.edu.sg/vizinfo.htm">http://www.ims.nus.edu.sg/vizinfo.htm</a></i> ):	
<input type="checkbox"/> NUS Campus Lodging ( <i>limited availability</i> ) <input type="checkbox"/> Off Campus Club House / Inn / Hotel ( <i>indicate name below</i> )	Room Type*: <input type="checkbox"/> Superior <input type="checkbox"/> Deluxe Occupancy*: <input type="checkbox"/> Single <input type="checkbox"/> Double Inclusive of breakfast*: <input type="checkbox"/> Yes, please <input type="checkbox"/> No
<input type="checkbox"/> Other Requests / Comments:	
If your family member(s) is to accompany you, please provide the following for each family member:	
Name	Relationship
1.	
2.	
3.	
4.	

- Note:
- Participants from certain countries may need to apply relevant visa prior to entry into Singapore. More information is available at [http://www.gov.sg/mha/sir/visitor\\_sc/visaappln.html](http://www.gov.sg/mha/sir/visitor_sc/visaappln.html).
  - 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.

\*Please indicate  as appropriate

\*\* Please delete as appropriate