

## MEMBERSHIP APPLICATION FORM

### Random Graphs and Large-Scale Real-World Networks (1 May - 30 Jun 2006)

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 ( <i>underline Surname/Family Name</i> ): Prof / Dr / Mr / Mrs / Ms**		Designation:	
Institution Name & Address:          Postal Address: ( <i>if different from above address</i> ):	Telephone Nos.:		(Mobile)
	(Office)	(Pager)	
	(Home)	Fax No.:	
	E-mail Address:		
	Nationality:		
Date of Birth:		Sex*:	Place of Issue:
Country of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Issue:
			Date of Expiry:

#### 2. ITINERARY AND ACCOMMODATION

Date of Arrival (confirmed/tentative**):	Date of Departure (confirmed / tentative**):	Lodging Arrangement*: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of accompanying family member(s):
If lodging arrangement is required please specify your preferences. ( <i>More information on lodging 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> )	
<input type="checkbox"/> Other Requests / Comments:		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 <input type="checkbox"/> 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*: <input type="checkbox"/> Travel Cost <input type="checkbox"/> Living Expenses <input type="checkbox"/> Others (please specify) :	Have you applied or been granted financial support from other sources for your visit*: <input type="checkbox"/> Yes <input type="checkbox"/> 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.