



MEMBERSHIP APPLICATION FORM

Stein's Method and Applications: A program in honor of Charles Stein (28 July – 31 August 2003)

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 6 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)		
Postal Address: (if different from above address):			Fax No.:			
			E-mail Address:			
			Nationality:			
			Passport No.:		Date of Issue:	
Date of Birth:	Sex*:	□ Female	Place of Issue:		Date of Expiry:	
Country of Birth:	□ Male					

2. ITINERARY AND ACCOMMODATION								
Date of Arrival (confirmed/tentative**): Date of Departure (confirmed / tentat		Lodging Arrangement*:		No. of accompanying family				
		□ Yes	□ No	o 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)*:								
UNUS Campus Lodging (limited availability)			icate name below)	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 Relationship City			City and	nd 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*:				
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 following individuals will submit letters of reference for my applications: Name Affiliation				
The Director	1.				
Institute for Mathematical Sciences	2.				
National University of Singapore 3 Prince George's Park Singapore 118402 Republic of Singapore	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

- Notes: 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.