

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 (<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:
		Passport No.:	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 http://www.ims.nus.edu.sg/vizinfo.htm</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
<input type="checkbox"/> Other Requests / Comments:			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

