

REGISTRATION FORM – CMS/CSHPM SUMMER 2005 MEETING

www.cms.math.ca/events/summer05/forms.html

CMS ID	<input type="checkbox"/> DR. <input type="checkbox"/> PROF. <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> MR.	DESIGNATION	ACCOMMODATION
LAST NAME		<input type="checkbox"/> Plenary/Prize/Public Speaker <input type="checkbox"/> Organizer <input type="checkbox"/> Participant <input type="checkbox"/> Session Speaker, Specify Session _____	<input type="checkbox"/> Waterloo Inn <input type="checkbox"/> Best Western <input type="checkbox"/> Quality Inn <input type="checkbox"/> Residence <input type="checkbox"/> Other <input type="checkbox"/> Not Required
FIRST NAME			
INSTITUTION (FOR NAME TAG)			
ADDRESS		MEMBERSHIP	SPECIAL DIET
ADDRESS		<input type="checkbox"/> CMS <input type="checkbox"/> CSHPM <input type="checkbox"/> AMS <input type="checkbox"/> MAA	<input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian <input type="checkbox"/> Diabetic <input type="checkbox"/> Low Fat <input type="checkbox"/> Milk Allergy <input type="checkbox"/> Nut Allergy <input type="checkbox"/> Other
CITY		<input type="checkbox"/> Provincial Ass'n _____ <input type="checkbox"/> School Board _____ <input type="checkbox"/> Other _____	
PROV/STATE	POSTAL/ZIP CODE		
COUNTRY			
TELEPHONE		PROFESSION	ARRIVAL DATE
EMAIL		<input type="checkbox"/> University Professor <input type="checkbox"/> College/CEGEP Teacher <input type="checkbox"/> School Teacher <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Postdoc <input type="checkbox"/> Retired <input type="checkbox"/> Other _____	
I AGREE TO HAVE MY NAME APPEAR IN THE PARTICIPANTS LIST ON THE CMS MEETING WEBSITE	<input type="checkbox"/> YES <input type="checkbox"/> NO		DEPARTURE DATE
I WILL ATTEND THE PARTICIPANTS LUNCHEON	<input type="checkbox"/> YES <input type="checkbox"/> NO		
I WILL ATTEND THE UW ALUMNI LUNCHEON	<input type="checkbox"/> YES <input type="checkbox"/> NO		
I WOULD LIKE TO DELIVER A CONTRIBUTED PAPER	<input type="checkbox"/> YES <input type="checkbox"/> NO		VOLUNTARY INFORMATION
Deadline for registration fees and abstract is April 10, 2005. Abstracts will not be considered unless registration fee is paid.			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

I WILL BE ATTENDING THE FOLLOWING SESSIONS

<input type="checkbox"/> Automatic Sequences and Related Topics <input type="checkbox"/> Combinatorics and Geometry <input type="checkbox"/> Complex Variables <input type="checkbox"/> Discrete and Computational Geometry <input type="checkbox"/> Dynamical Systems <input type="checkbox"/> Exploratory Classroom Problems in Calculus <input type="checkbox"/> Functional Equations and Their Applications <input type="checkbox"/> General Topology and Its Applications <input type="checkbox"/> Geometric Topology <input type="checkbox"/> History and Philosophy of Mathematics <input type="checkbox"/> History of Mathematics from Medieval Islam to Renaissance Europe	<input type="checkbox"/> Invariant Theory and Differential Geometry <input type="checkbox"/> L-Functions and Algebraic Curves <input type="checkbox"/> Mathematical Aspects of Quantum Information <input type="checkbox"/> Mathematics from Ancient to Modern Times <input type="checkbox"/> Mathematics of Actuarial Finance <input type="checkbox"/> Mathematics of Computer Algebra and Analysis <input type="checkbox"/> Nonlinear Partial Differential Equations <input type="checkbox"/> Operator Algebras, Operator Spaces and Harmonic Analysis <input type="checkbox"/> Random Graphs and Their Applications <input type="checkbox"/> Representation Theory <input type="checkbox"/> String Theory and Integrable Systems <input type="checkbox"/> Special Session for Contributed Papers
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FEES	ALL CATEGORIES INCLUDE A TICKET TO THE PARTICIPANTS LUNCHEON. SHOULD MORE THAN ONE CATEGORY APPLY, PLEASE CHOOSE THE LOWER FEE.		
	BEFORE MAY 1	AFTER MAY 1	DEADLINES
<input type="checkbox"/> Plenary/Public Lecturer (1 free banquet ticket)	\$ 0	\$ 0	Reduced fees April 30
<input type="checkbox"/> Prize Lecturer (2 free banquet tickets)	\$ 0	\$ 0	Pre-registration May 31
<input type="checkbox"/> Organizer	\$ 200	\$ 265	Cancellation (less \$40 admin fee) May 31
<input type="checkbox"/> Session Speaker	\$ 225	\$ 295	
<input type="checkbox"/> Non-Member (fee includes CMS Membership)	\$ 373	\$ 443	
<input type="checkbox"/> Member CMS/CSHPM/AMS/MAA	\$ 225	\$ 295	
<input type="checkbox"/> One-Day Fee	\$ 150	\$ 195	
<input type="checkbox"/> Postdoc/Student/Retired/Unemployed	\$ 100	\$ 130	
<input type="checkbox"/> Teacher (K-12, CEGEP, College)	\$ 100	\$ 130	
<input type="checkbox"/> Banquet _____ X	\$ 60	\$ 60	
REGISTRATION \$ _____ + BANQUET \$ _____ = TOTAL \$ _____			
			CHEQUES PAYABLE TO THE CANADIAN MATHEMATICAL SOCIETY
			CREDIT CARD PAYMENT
			VISA <input type="checkbox"/>
			MASTERCARD <input type="checkbox"/>
			CARD NUMBER _____
			EXPIRY DATE _____
			CARDHOLDER NAME _____
			SIGNATURE _____
			FORM MUST BE SIGNED BY CARDHOLDER

PLEASE SEND YOUR COMPLETE FORM WITH PAYMENT TO: CMS, 577 KING EDWARD AVE., OTTAWA, ON CANADA K1N 6N5
 FAX: 613-565-1539 (FOR CREDIT CARD PAYMENTS ONLY)