

SciCADE 2001

<http://www.pims.math.ca/scicade/>

PAYMENT FORM

First Name: _____ Last Name: _____

Institution: _____

E-mail: _____

REGISTRATION FEES (fill the US \$ column only if you are attaching a cheque in US funds)

	Canadian \$	US \$
Before May 15, 2001	<input type="checkbox"/> \$200	<input type="checkbox"/> \$140
After May 15, 2001	<input type="checkbox"/> \$300	<input type="checkbox"/> \$200
Students	<input type="checkbox"/> \$100	<input type="checkbox"/> \$70
Banquet (Thursday)	<input type="checkbox"/> \$60 x =	<input type="checkbox"/> \$42 x =
Total		

METHOD OF PAYMENT

Cheque payable to the University of British Columbia

Charge my VISA MasterCard

Card Number: _____ Expiry Date: _____

Cardholder Name: _____

Signature: _____

SEND TO: **SciCADE 2001**
c/o PIMS
1933 West Mall
University of British Columbia
Vancouver, BC
Canada V6T 1Z2

OR FAX TO: 1-(604) 822-0883 (c/o PIMS)



Official Carrier of the Conference: AIR CANADA