



Department of Mathematics & Statistics

First Name: _____ Last Name: _____

Institution & Department: _____

Office Address: _____

City/state/zip: _____

Office Phone: _____ Home Phone: _____

Email Address: _____

METHOD OF PAYMENT: (Indicate the method of payment)

[] PAYMENT BY CHECK (Make check payable to Wichita State University- MCCCC)

[] PAYMENT BY CREDIT CARD Provide the following information:

VISA/MASTERCARD # _____ EXP. DATE _____

REGISTRATION FEE: (Indicate appropriate fee)

If received by September 18:

[] \$85.00

[] \$30.00 (Students and Retired or Unemployed Mathematicians)

After September 18:

[] \$100.00

[] \$45.00 (Students and Retired or Unemployed Mathematicians)

Registration fee includes one banquet dinner. Additional banquet dinners may be purchased for non-registered spouse/guests for \$25.00 per dinner. Please indicate the number of additional dinners requested below.

[] \$25.00 x _____ (Additional banquet dinners for non-registered spouse/guest)

Please complete the following information:

Do you need a parking permit during the conference? [] YES [] NO

Are you presenting a paper? [] YES [] NO

Mail completed registration form and fees to:

MCCCC
Department of Mathematics & Statistics
Wichita State University
1845 N. Fairmount
Wichita, KS 67260-0033

CANCELLATION POLICY (REFUNDS/CANCELLATIONS):

A full refund, less \$10, will be made if request is received at least 24 hours before the start of the conference. No refunds will be made thereafter.