MEETING REGISTRATION FORM
INFORMS Applied Probability Society Conference
June 23 – 25, 2004
Beijing, China

Advance Registration Deadline: Postmarked May 15, 2004
This deadline will be strictly enforced

PLEASE WRITE CLEARLY
Last Name_____________________________________ First Name______________________________________ Middle____
Name for Badge _________________________________________________________________________________________
University/Company_________________________________________ Position Title__________________________________
Address___________________________________________________________Dept.________________________________
City________________________________ State_____ Zip_____________ Province_________________ Country__________
Telephone___________________________ Fax______________________ Email_____________________________________

Please check: ___Academic   ___ Industry   ___ Government                 Address is:   ______Work   Home________

CONFERENCE REGISTRATION FEES

<table>
<thead>
<tr>
<th></th>
<th>By 5/15</th>
<th>After 5/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFORMS or Applied Probability Society Member</td>
<td>$ 195</td>
<td>$ 265</td>
</tr>
<tr>
<td>Nonmember (Fee includes Applied Probability Society membership for one year)</td>
<td>$ 225</td>
<td>$ 295</td>
</tr>
<tr>
<td>Student Member (Full-time students must attach a faculty certification to attend. Email or fax to <a href="mailto:meetings@informs.org">meetings@informs.org</a>, 401-722-2951)</td>
<td>$ 50</td>
<td>$ 70</td>
</tr>
</tbody>
</table>

TOTAL                         $_____U.S. Dollars

Payment
___ Check Enclosed   ___ AMEX   ___ MasterCard   ___ VISA
Card Number___________________________________________ Expiration______ Signature___________________________

Make check in U.S. Dollars payable to INFORMS.

Cancellations: Must be received in writing no later than June 14, 2004 for a refund less $50 U.S. processing fee.

Special Requirements:
Do you have any special requirements when attending this meeting? Please describe: __________________________________

Complete form and send:
By fax: 401-722-2951
By mail: INFORMS, 12 Breakneck Hill Rd., Suite 102, Lincoln, RI 02865,USA

Questions?
Call 800-343-0062 or 401-722-2595. Email: meetings@informs.org