



19th IWSM
 Florence
 July 4-8, 2004

international workshop on statistical modelling

IWSM

REGISTRATION FORM

Family name: First name: Title:

Institution:

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Address:.....

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Ph.: Fax: e-mail:.....

Are you a member of the Statistical Modelling Society? Yes No

Are you the author of a paper? Yes No

Are you the person presenting the paper? Yes No

Title of paper:

.....

Please insert the right amount in the end column and complete the total payment due:

REGISTRATION	Full fee	Student fee*	
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Late registration:	€ 350	€ 180	
Short course	€ 80		

* subject to supervisor's verification of status

Dinner:	€ 35	x ____ person(s)	
Excursion:	€ 40	x ____ person(s)	

TOTAL PAYMENT DUE (only in €)			
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