

**The Fourth University of Manitoba
Statistics Research Workshop
August 4 to 6, 2004**

Participant Name: _____

Affiliation/Company: _____

Address: _____

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Registration for the workshop, **including lunches and dinners on August 4 and 5**

Participant	Registration Fee	Fee Enclosed
Faculty and others	\$120.00*	
Student	\$60.00*	

Registration for one day only, **including lunch and dinner on that day** (specify which day)

August 4 () August 5 ()

Participant	Registration Fee	Fee Enclosed
Faculty and others	\$60.00*	
Student	\$30.00*	

* Speakers do NOT pay the registration fee.

Method of Payment: Cheque () Cash () Grant () (U of M only)

Grant Number: _____ Signature: _____

Please make cheque payable to the University of Manitoba

Return this form to: Fourth Statistics Research Workshop **Fax: 474 – 7621**
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For organizers only: Received Date: _____ Payment: _____