Registration Form

Please print in ink or type. This form may be duplicated for additional registrations.

Last name    First name    Middle initial

Organization

[ ] Male  [ ] Female

Business mailing address (no. and street or box no.)

City           State  ZIP code  Country

Home mailing address (no. and street or box no.)

City           State  ZIP code  Country

Preferred daytime phone  Fax

Are you a Penn State alumna/alumnus?  [ ] Yes  [ ] No

CONTRIBUTED POSTER SUBMISSION

[ ] Check the box if submitting a contributed paper to SCMA IV. Please give tentative title and author(s) name(s) here. A full 200-word abstract with final title and authors should be submitted by e-mail to Eric Feigelson at edf@astro.psu.edu by May 1, 2006.

Title:  _______________________________________________________________

Author(s): _____________________________________________________________

REGISTRATION FEES (Please check all that apply. All fees are in U.S. dollars.)

Statistical Challenges in Modern Astronomy IV, June 12-15

[ ] $325 SCMA IV conference--regular fee (after May 1)

Extra tickets for guests/accompanying persons for the evening banquet on June 14 can be purchased by checking the box below:

[ ] $30 x _____ (number of guests)
Name(s) of guest(s): ________________________________________

$____________ TOTAL AMOUNT DUE

METHOD OF PAYMENT

Your payment, in full, must accompany your registration form. Fax or telephone registrations must be accompanied by credit card payment information. The Pennsylvania State University’s federal ID number is 24-6000376.

[ ] Enclosed is a check or money order for the amount indicated, signed and payable to Penn State.

[ ] Enclosed is a purchase order (made payable to Penn State) or letter of authorization from my employer or sponsoring organization.

[ ] Charge the fees checked above to my credit card:
  [ ] American Express  [ ] Discover  [ ] MasterCard  [ ] VISA
  (including University purchasing card)

________________________________________________________________________________
Cardholder's name (please print)

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Cardholder's signature      Cardholder's e-mail

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Charge no.            Exp. date (mo./yr.)
(Credit card charges cannot be processed without signature and expiration date.)

Send to:
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