

**REGISTRATION FORM**  
**Modeling of Protein Interactions in Genomes**  
**Stony Brook University, Stony Brook, New York**  
**June 27- 30, 2003**

NAME: (Type/Print; First/Last) \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/COUNTRY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

VISA TYPE (IF APPLICABLE) \_\_\_\_\_

Please complete arrival and departure dates in space provided:

Date of arrival \_\_\_\_\_ Date of departure \_\_\_\_\_

**REGISTRATION FEES (Applies to all speakers and participants unless waived by Organizers)**

**Before 6/6/03**

\$250 (\$150 for postdocs/students)

**After 6/6/03**

\$300 (\$200 for postdocs/students)

Will attend **Sunday Banquet** at the Port Jefferson Country Club? No \_\_\_ Yes \_\_\_ # of guests \_\_\_\_\_  
Cost = \$30 (**invited speakers attend free**)

**ACCOMMODATIONS**

(Check one): Male \_\_\_\_\_ Female \_\_\_\_\_

ACCOMMODATION DESIRED (Please check one):

\_\_\_\_\_ 1) Conference Speaker (accommodations will be arranged by conference organizers at Danfords on the Sound).

\_\_\_\_\_ 2) Off-campus housing – Danfords on the Sound  
I understand that I am responsible for arranging hotel accommodations independently of my meeting registration a minimum of 30 days prior to my arrival date or on or before Tuesday, May 27, 2003.  
*Danfords on the Sound* (tel: 631-928-5200) has special meeting rates; guests must identify themselves with the Modeling of Protein Interactions group in order to receive the special group rate.  
Rates: Single Occupancy @ \$169 daily; Double Occupancy @ \$169 daily.

\_\_\_\_\_ 3) On-campus housing single room @ \$33.50 daily x \_\_\_ # of days = \_\_\_\_\_

\_\_\_\_\_ 4) On-campus housing double room @ 25.50 per person daily x \_\_\_ # of days = \_\_\_\_\_

I plan to share accommodation with (attendee's name) \_\_\_\_\_

Assign roommate if possible (check here): \_\_\_\_\_

## CANCELLATION POLICY

If you are unable to attend, refunds can be issued on request if received prior to June 16, 2003.

## PAYMENT

Registration Fee \_\_\_\_\_  
+ On Campus Housing (if Applicable) \_\_\_\_\_  
+ Sunday Banquet (If Applicable) \_\_\_\_\_  
Total Amount Due \_\_\_\_\_

Payment in the form of a **CHECK in US\$** made payable to **FSA Acct. No. 797 Applied Math & Statistics** should accompany your registration. Payment may also be made by credit card (**VISA** or **MASTERCARD** only).

My check in the amount of US\$ \_\_\_\_\_ is attached

or please bill my credit card for a charge of US\$ \_\_\_\_\_

(Check one) VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

Number on card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

### Please return this form with applicable fees:

By mail: Department of Applied Mathematics and Statistics  
Attn: Pamela Wolfskill  
Stony Brook University  
Stony Brook, NY 11794-3600

By fax: Transmit with Visa or Mastercard number to 631-632-8490

If you have questions about registration, please contact Pamela Wolfskill; Tel: 631-632-8357; e-mail: [pwolfskill@notes.sunysb.edu](mailto:pwolfskill@notes.sunysb.edu) or visit the conference website at <http://reco3.ams.sunysb.edu/conference2003>.