

REGISTRATION FORM

ONE DAY SEMINAR IN MATHEMATICS INSTITUTE OF MATHEMATICAL SCIENCES, UNIVERSITY OF MALAYA

1st July 2008

Name : Prof./ Assoc. Prof./ Dr./Mr./ Ms. _____

Affiliation : _____

Address : _____

Phone : _____

E-mail : _____

I wish to attend the One Day Seminar as a

presenter
(Please attach abstract)

participant

I am :

a student
(Registration fee RM30.00)

other
(Registration fee RM100.00)

All payment must be made in Ringgit Malaysia (MYR) payable by Cheque/Bank Draf/PO to “Bendahari, Universiti Malaya” at the address: Institute of Mathematical Sciences, Faculty of Science, University of Malaya, 50603 Kuala Lumpur

_____ Date

_____ Signature

Send the registration form to

Secretariat, One Day Seminary in Mathematics
Institute of Mathematical Sciences
Faculty of Science
University of Malaya
50603 Kuala Lumpur, MALAYSIA

e-mail : wlchooi@um.edu.my or siewhui@um.edu.my

Fax : 603 – 7967 4143