International Conference on
Scientific Computing and Partial Differential Equations

On the Occasion of Stanley Osher's 60th birthday.

December 12-15, 2002
Lam Woo Conference Center, Hong Kong Baptist University
Hong Kong

Registration Form

PERSONAL INFORMATION *(to be used for contacting you and for distribution to other conference participants, unless you specify otherwise)*	
Title ☐ Professor ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.	
Surname	Given Name
Department	University/Institute/Company
Address	
Country	Postal Code
Telephone	Fax
Email	Web Address

I will attend the conference and I ☐ will / ☐ will not present a talk.

The abstract
☐ is included.
☐ has already been sent.
☐ will be sent.

International Conference on Scientific Computing and Partial Differential Equations

Registration Form

Continue

Please note:

1. The registration fee is US$200/HK$1,560, but those who register by **July 31, 2002** need only pay US$150/HK$1,170. All full-time students may register for half price.

2. Payment can be made by credit card, US$ check or bank draft drawn on a US bank, or HK$ check or bankdraft drawn on a HK bank. Postal money orders are not acceptable. Please make checks or bank drafts payable to **Hong Kong Baptist University**.

3. Please mail your payment to:

   SCPDE02
   c/o Department of Mathematics
   Hong Kong Baptist University
   Kowloon Tong, Hong Kong SAR, China

   Alternatively, those paying by credit card can fill the form below.

4. Fees and deposits cannot be refunded after **October 31, 2002**. A refund minus a 20% handling fee will be given for cancelations before that date.

Please fill in the amount of the registration fee and the payment method in the section below. Note that your registration will be confirmed only when the fee is received.

REGISTRATION FEE

I will pay the registration fee of ______________________(amount) by:

☐ US$check ☐ US$bank draft

☐ HK$check ☐ HK$bank draft

☐ credit card (please provide the following information)

Please charge my ☐ Visa ☐ Master Card

Card Holder's Name: ______________________

Card Number: ______________________

Expiry Date: ______________________

Signature: ______________________

(Must be the same as that shown on the credit card)

Date: ______________________