Theory and Mathematics in
Biology and Medicine

June 29 - July 3 1999, Vrije Universiteit, Amsterdam, The Netherlands

REGISTRATION FORM

(Please write in capital letters or use a typewriter and make a copy for your own record)

Family name:	Title:	Initials:	M / F
Company or Institute:			
Address:			
Postal code and City:			
Country:	E-mail:		
Phone:	Fax:		

REGISTRATION FEE

0	Early member fee	**NLG 275,--** payment before April 1 1999	NLG_________________
0	Late member fee	**NLG 375,--** payment after April 1 1999	NLG_________________
0	Early non-member fee	**NLG 350,--** payment before April 1 1999	NLG_________________
0	Late non-member fee	**NLG 450,--** payment after April 1 1999	NLG_________________
0	Early student fee*	**NLG 150,--** payment before April 1 1999	NLG_________________
0	Late student fee*	**NLG 250,--** payment after April 1 1999	NLG_________________
0	Congress dinner	**NLG 75,--,** July 3, 1999	NLG_________________
0	Welcome Reception**	**Free of charge**, June 30 1999	
		Total	**NLG_________________**

* Students must submit proof of their status
** Free of charge for those who have ticked the box

PAYMENT

Registration will not be valid until the required fee has been received. All payments must be made in Dutch currency (NLG).
Please indicate your name and address clearly on all money transfers.
Mode of payment:

0 by cheque, payable to "TMBM '99", c/o VU Conference Service, de Boelelaan 1105, 1081 HV Amsterdam, the Netherlands (personal cheques cannot be accepted; the amount per eurocheque should not exceed NLG 300,--)

0 remitted to ING Bank, Amsterdam, account nr. 67.59.68.232 (SWIFT code ING-NL-2A) in favour of "TMBM'99", c/o VU Conference Service, de Boelelaan 1105, 1081 HV Amsterdam, the Netherlands, through my bank:____

0 by credit card: 0 American Express / 0 Diners Club / 0 Eurocard / 0 Mastercard / 0 Visa
card number:____ Expiry date:______________________

CANCELLATION

In case of cancellation the total fee minus the handling charges (NLG 80,-) will be refunded, provided a written request is received by the VU Conference Service before June 1 1999.

DATE:________________________________ **SIGNATURE:**________________________________

Please return this form to:

VU Conference Service	phone:	+31 (0)20 444 5790
De Boelelaan 1105	fax:	+31 (0)20 444 5825
1081 HV Amsterdam	e-mail:	vu_conference@dienst.vu.nl
The Netherlands		