## MTNS 2002 REGISTRATION FORM

First Name:			Middle	Initial: Las	itial: Last Name:				
Institution:	-								
Mailing Address:									
E-mail:				Phone:		Fax:	:		
	ion fee includgistration \$260	)		s, refreshment \$310 after Jur \$100 after Jur	ne 15, 2002)	ıy evening	g reception.		
Conference mea	ls: Banquet di	nner for T	hursday, Au		. \$35 each.	der ticker	ts below.		
		Monday	Tuesday	Wednesday	Thursday	Friday	Total Amount		
breakfast	\$7.85 each		Ü	v	v	v			
lunch	\$10.85 each				,				
dinner	\$13.50 each				banquet				
on campus air hotel \$90 per i rival date ame of person sha	night (includes	s tax), brea parture dat	\$25 pe kfast and s	er night (inclu- huttle to camp	des tax) dou ous provided er of nights_	ble occup	pancy		
no reservation	for accommod	lation is red	quested						
Payments:		Banc	. Number of t	unt due for : Amount du ickets: Amount due	e for mea times \$3	als			
						$\mathbf{Tot}$	al		
Payment Met	hod:								
VISA Master Card					Expiration Date:				
Check enclos	ed, payable in	US\$ to 'U	niversity of	Notre Dame,	CCE'. Sign	nature: _			
Mail or Fax to:		MTNS 2002 Center for Continuing Education McKenna Hall,				Questions? Phone: $+1(574)-631-6691$ Fax: $+1(574)-631-8083$			

PO Box 1008

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