



Registration & Payment Form

Please fax/send this form to: +32 2 706 7020 or to +1 413 517 0900

I would like to register for (please mark):

- | | |
|--|--|
| <input type="checkbox"/> Practical CGE with GAMS (July 6-10) | <input type="checkbox"/> Practical CGE with GAMS (July 13-17) |
| <input type="checkbox"/> Macro Modeling with TROLL (July 6-10) | <input type="checkbox"/> Advanced CGE with GAMS (July 13-17) |
| <input type="checkbox"/> Macro Modeling with EViews (July 6-10) | <input type="checkbox"/> Time Series Econometrics (July 13-17) |
| <input type="checkbox"/> Modeling for Public Finance (July 8-10) | <input type="checkbox"/> Modeling with DYNARE (July 13-17) |

NAME: _____

INSTITUTION: _____

POSITION: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

I AM PAYING (please mark):

- | | |
|--|--|
| <input type="checkbox"/> US\$990 | <input type="checkbox"/> US\$743 (university rate) |
| <input type="checkbox"/> US\$1,485 (full rate) | <input type="checkbox"/> US\$1,114 (university rate) |
| <input type="checkbox"/> US\$2,760 (full rate) | <input type="checkbox"/> US\$2,070 (university rate) |
| <input type="checkbox"/> US\$ _____ (please specify) | |

BY **BANK TRANSFER** BY **WESTERN UNION MONEY TRANSFER**

BY **CHECK**

<input type="checkbox"/> BY CREDIT CARD	<input type="checkbox"/> American Express	<input type="checkbox"/> Visa
	<input type="checkbox"/> Eurocard/MasterCard	<input type="checkbox"/> Diners Club

CARD NO: _____

EXPIRATION DATE: _____ 3 DIGIT CARD SECURITY CODE: _____

CARDHOLDER'S NAME: _____

SIGNATURE: _____

DATE: _____