

REGISTRATION AND PAYMENT FORM

Please fax this form to: +1 413 517 0900

I would like to register for the following online course (please mark your choice):

- Practical CGE with GAMS Advanced CGE with GAMS

NAME: _____

INSTITUTION: _____

POSITION: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

I AM PAYING (please mark):

- US \$ 2,760 (full rate) US \$ 2,070 (university rate)
 Other amount: US \$ _____

BY **CHECK**

BY **TRAVELLER'S CHECKS**

BY **CREDIT CARD**

American Express

Visa

MasterCard

Diners Club

CARD NO: _____

EXPIRATION DATE: _____

CARDHOLDER'S NAME: _____

SIGNATURE: _____

BY **BANK TRANSFER**