

REGISTRATION FORM
BELLE - BABAR Workshop
TRIUMF, Vancouver, BC
February 14–16, 2002

Title Prof. / Dr. / Mr. /Mrs. / Ms / Miss

First name and initial _____

Last name _____

Institution _____

Street/MS/PO Box _____

City/Province/State _____

Country _____

Postal Code _____

Phone _____

Fax _____

E-mail _____

Experimental Affiliation _____

Companion's name _____

Registration fee: _____ @ \$150.00 = \$ _____

Dinner on Friday night for participants is included in the registration fee.

Dinners for companions may be purchased at additional cost. Please inform Elly

Driessen of any special meal requirements.

Dinners for companions: _____ @ \$40.00 = \$ _____

Total \$ _____

Payment can be made by credit card or by contacting Elly Driessen for other arrangements:

Credit card: AMEX / MasterCard / Visa

Credit card No. _____ Expiry date _____

Cardholder's name _____ Signature _____

Note: Registration fee includes the 7% GST, GST Registration No. R119271534

PLEASE FAX TO

Elly Driessen, TRIUMF, 4004 Wesbrook Mall, Vancouver, BC, V6T 2A3, Canada

Fax: 604-222-1074 Phone 604-222-7352 E-mail: driessen@triumf.ca