

**2007 WNAR/IMS Western Regional Meeting
University of California, Irvine: June 24-27, 2007
Advance Registration and Housing Form**

A SEPARATE REGISTRATION FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING THE CONFERENCE.

(PLEASE PRINT LEGIBLY OR TYPE, AND VERIFY FEE TOTALS)

First name _____ Last name _____

Name for badge if different _____

Organization _____

Mailing address _____

City _____ State/Province _____ Postal Code _____

Country _____ Daytime phone: (_____) _____

E-mail _____ Fax number: (_____) _____

Your registration confirmation will be sent to the e-mail address you have provided. If you do not provide an e-mail address, your registration confirmation will be sent to the mailing address you have listed.

Registration confirmation will be sent after February 27, 2007.

REGISTRATION

I. CONFERENCE FEES

Members (check all that apply: _____WNAR _____IMS _____ENAR _____IBS)	US\$ 120.00	_____
Non-members	US\$ 130.00	_____
Full-time students (enclose faculty certification letter)	US\$ 50.00	_____
Late registration fee (after May 25, 2007)	US\$ 20.00	_____

II. OPTIONAL ACTIVITIES:

A. WNAR Short Course (Sunday, June 24): Causal Inference; Prof. Don Rubin, Harvard

Members (check all that apply: _____WNAR _____IMS _____ENAR _____IBS)	US\$ 160.00	_____
Non-members	US\$ 180.00	_____
Full-time students (enclose faculty certification letter)	US\$ 50.00	_____

B. New Investigator Lunch (Tuesday, June 26) free event*; _____ check here if you wish to attend:
* must be a student or have earned a graduate degree within last 3 years;
space limited; advanced registration required

C. Banquet (Tuesday, June 26) Villa Nova Restaurant; Newport Harbor

Choice of entrée(s): _____ Beef _____ Salmon _____ Vegetarian

Number of regular tickets _____	US\$ 50.00 ea	_____
Student ticket (one only)	US\$ 25.00	_____
Student paper competition participant free banquet ticket**	check here:	_____

** must be a participant in the student paper competition; advanced registration required

D. UCI Campus Parking Pass (required if you intend to park a car on campus)

Daytime Visitor Parking: For those not planning to park on campus overnight

Check **DAYS** you plan to park:

Sat. 6/23 ____; Sun. 6/24 ____; Mon. 6/25 ____; Tues. 6/26 ____; Wed. 6/27 ____

Number of days _____ @ \$7/day = **US\$** _____

Overnight Parking: For those planning to park on campus overnight; Good for all day and overnight

Check **DAYS/NIGHTS** you plan to park:

Sat. 6/23 ____; Sun. 6/24 ____; Mon. 6/25 ____; Tues. 6/26 ____; Wed. 6/27 ____

Number of days _____ @ \$14/day = **US\$** _____

III. HOUSING (Check here if you are arranging off-campus housing _____)

UCI Room and Board packages (All packages include 3 meals per day, but do not include the banquet.)

Your gender (required for on-campus housing, check one): ___ Male ___ Female

On-Campus Housing Option 1: Double occupancy in residence hall room (price per person)

Name of person sharing: _____
(if no name is listed, you will be matched with someone of the same gender at check-in)

Check **NIGHTS** you plan to stay:

Sat. 6/23 ____; Sun. 6/24 ____; Mon. 6/25 ____; Tues. 6/26 ____; Wed. 6/27 ____

Number of nights _____ @ \$55.50/night = **US\$** _____

On-Campus Housing Option 2: Single occupancy in residence hall room (subject to availability)

Check **NIGHTS** you plan to stay:

Sat. 6/23 ____; Sun. 6/24 ____; Mon. 6/25 ____; Tues. 6/26 ____; Wed. 6/27 ____

Number of nights _____ @ \$68.50/night = **US\$** _____

IV. TOTAL FEES (total sections I, II, and III; check your addition) **TOTAL US\$** _____

Registration will not be processed without payment of all fees. Fees must be paid in US currency via a check, money order, or by credit card (VISA or MasterCard) and mailed or faxed along with this form to the address below. Fees may also be paid with a credit card by calling Rosemary Busta at the number below. **Do not send cash.**

Form of Payment: Check _____ Money order _____ MasterCard _____ VISA _____

The check or money order must be in US currency, payable to: **UCI Regents** (Please note WNAR 2007 Registration on your check).

Credit Card Information

Card holder name _____

Billing Address _____

City _____ State/Province _____ Postal code _____

Country _____ e-mail _____

Card number _____ Exp. Date _____

Authorized Signature _____

Mail, fax, or call in your registration (or changes to your registration) to:

WNAR/IMS Registration c/o Rosemary Busta
Department of Statistics
University of California
Irvine, CA 92697-1250
e-mail: rbusta@ics.uci.edu
Phone: 949-824-5392
Fax: 949-824-9863

Advanced registration ends May 25, 2007. Late mail-in/call-in registration will be allowed until June 18, 2007 subject to an additional \$20 fee. On-site registration will be offered with the same late fee.

Cancellation policy: If written notice of cancellation is received by June 1, 2007, total fees paid, less a \$20 processing fee, will be refunded. If written notice of cancellation is received by June 18, 2007, one-half of total fees paid will be refunded. Requests for refunds will not be honored after June 18, 2007. Mail/e-mail/fax refund requests to Rosemary Busta at the above address.