REGISTRATION FORM
Workshop on Antibiotic-Resistant Infections: Mathematical Modeling, Transmission Dynamics and Control

University of Miami, Coral Gables, Florida, December 9-11, 2011

Note: There is no registration fee.

First Name: _______________________ Last Name: __________________________
Institution: _____________________________________________________________
Address: __________________________________________________________________

E-mail: __________________________________________________________________

Date of arrival _________________ Date of departure __________________________

We have booked a block of rooms at the Holiday Inn and will reserve one for you.

King-size bed ____ Queen-size bed _____ Double bed _____ Number of guests _____

Do you have a preferred date for giving your talk? ________________________________
(Please send your title and abstract via email to Dr. S. Ruan at ruan@math.miami.edu)

Do you plan to attend the banquet on Dec. 10 ($45-$50, on your own expenses)? _____
If so, do you have any restriction on foods? _____________________________________

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FINANCIAL SUPPORT APPLICATION
If you apply for financial support, please provide the following information:

Your status: Graduate student ________ Post-doc __________ Faculty ____________
Name of Supervisor (if you are a graduate or Post-doc): __________________________
Email of Supervisor: __________________________

Are you willing to share a double-bed room with another participant? ______________
If yes, your gender __________  Do you have a preferred roommate?______________

Your estimated travel expenses (airfare and ground transportation) ________________

SEND TO: Professor Shigui Ruan, Department of Mathematics, University of Miami, Coral Gables, FL 33124-4250, USA. Tel: 305-284-2312; Fax: 305-284-2848; E-mail: ruan@math.miami.edu