

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? _____

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,
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