

## Registration Form

Family Name:  First Name

Affiliation:

Address:

Address:

City/Town:  State/Province:

Postal Code:  Country:

Telephone:  Fax:

E-mail:

### Registration Fee

Affiliation	If payment received on or before 28 February 2004	If payment received after 28 February 2004
Company/Industry	\$500	\$550
Academic Faculty/Staff	\$300	\$330
Government/Hospital	\$300	\$330
Postdoctoral Fellows and Full-time students (letter from supervisor required)	\$150	\$165

A: Registration Fee =   
(not including conference dinner)

B: Conference dinner: **Sold out**

Overall Total Payment: A + B =

**Payment Methods (All registrations must be received before Thursday, May 6, 2004. There will be no on-site registration at the conference.)**

I am paying by check. Checks must be made out in US Dollars and drawn on a US bank. Make checks payable to "Boston Chapter ASA". Mail the check and a copy of the completed registration form to BCASA, P.O.Box 67473, Chestnut Hill, MA 02467 USA

I have transferred the total amount of US\$ \_\_\_\_\_ to the following bank account.

**Bank Name:** University Credit Union

**Routing #:** 211080767

**Account Owner's Name:** Boston Chapter of the A.S.A.

**Account Number:** 254006

**Bank Address:** 846 Commonwealth Ave, Boston, MA 02215 USA

Please note that the bank transfer fee (where applicable) must be paid by the participant. Please attach a copy of the bank transfer receipt to the completed registration form to

BCASA, P.O.Box 67473, Chestnut Hill, MA 02467 USA