

REGISTRATION FORM

Workshop on

Modern Statistical Learning Methods in Engineering and Biomedical Sciences

**University of Louisville
Department of Mathematics and the Computer Vision & Image
Processing Laboratory (CVIP Lab)**

2-3 May 2005 – Belknap Campus, Vogt Bldg Rm 311

NAME: _____

DEPARTMENT: _____

POSTER SUBMISSION: (circle one)

YES NO

POSTER TITLE: _____

ABSTRACT WAS SENT: (circle one , all abstracts must be received by April 1-st)

YES NO

WISH TO ATTEND A TUTORIAL ON SATURDAY APR 30? (circle one)

YES NO

ENCLOSED IS A CHECK WITH WORKSHOP REGISTRATION FEE OF:

\$100 (if faculty) \$50 (if student)

Please make the check payable to "University of Louisville".

Please send this form via campus mail to: *Statistics Workshop, Attn: Crystal Wynn, Dept. of Mathematics, 328 Natural Sciences Bldg., Louisville, KY 40292.*

Questions via E-mail to g.rempala@louisville.edu