



Workshop Registration Payment Form

Congestion Control & Heavy Traffic Modeling, Oct 31-Nov 1

Name: _____

Affiliation: _____

Department: _____

Email: _____

Billing Address: _____

Events (please circle choices):

Heavy Traffic Workshop: Student-\$45 Faculty/Professional-\$90

TOTAL AMOUNT: \$ _____

Payment Information: Check VISA MC

Credit Card Information:

Name on card _____

Card number _____ Exp Date _____

V-Code (last three digits on signature strip) _____

Payee Signature _____ Date _____