

REGISTRATION FORM

I hereby register for the LNBM/NGB seminar "Operations Research and Health Care", which will be held in Conference Center "De Werelt", Lunteren, **January 19, 2006**.

Family name:

First name:

Title:

Company/Institute:

Address:

Postal Code: City:

Telephone number: E-mail address:

Date: Signature:

Below, please tick the appropriate box:

I am:

LNMB/NGB member (Registration fee € 75):

Other (Registration fee € 125):

FEE PAYMENT INSTRUCTIONS WILL BE SENT TO YOU AFTER REGISTRATION

Send the registration form before January 9, 2006 by regular or electronic mail or by fax to

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