REGISTRATION FORM DYNAMICAL SYSTEMS & RELATED TOPICS WORKSHOP
October 16 - 19, 2014

NAME:_________________________________

TITLE: (check one) Professor ___ Postdoc ___ Grad Student ___

UNIVERSITY AFFILIATION (Needed for name badges):

EMAIL ADDRESS:

Tentative Attendance Dates: I will arrive on October _____ (date)
I will depart on October _____ (date)

Participants should make their own hotel reservations. A block of rooms are set aside at the Sleep Inn and Days Inn. The cutoff date for the Days Inn, 1-800-258-3297 or 814-238-8454 reference group code CGDS14, is September 15, 2014. This code will not work with the online system or the world wide 800 number. The rate is $87/plus tax for single/double occupancy. The cutoff date for the Sleep Inn, 814-235-1020 reference group name “DSW14”, is October 1, 2014. This code/rate can only be used when calling the local phone number of the hotel. The rate is $65/plus tax for single/double occupancy. You should pay for your lodging at the hotel. Should you decide to change your arrival/departure days or if you should decide not to attend, please contact the hotel directly.

PLEASE NOTE: We appreciate if you could pay your lodging from your own grants to provide additional support to help allow young people to attend. However, we are able to provide partial support which normally consists of reimbursement of a shared double room (room & tax only). If interested in obtaining this support, please check here: YES ___ NO _____ and complete the rest of the form. Additional support may be available, primarily for younger participants, please contact the organizers at dsws@math.psu.edu.

For any reimbursements, you must see Hope Shaffer to complete the necessary forms upon arrival. ORIGINAL RECEIPTS ARE REQUIRED. We will do reimbursement processing after you have mailed us your forms and receipts.

ARE YOU AN AMERICAN CITIZEN? Yes___ No___

IF YOU A FOREIGN NATIONAL, ENTER THE TYPE OF VISA WRITTEN ON YOUR "I-94 ENTRY TO THE UNITED STATES CARD": (please check one below)

__B-1, __B-2, __*J-1, __J-2, __F-1, __H-1, __TN,
__WB, __WT

__ Permanent Resident (Green Card),
__ Employment Authorization Card

*IF YOU HAVE A J-1 VISA, IT IS VERY IMPORTANT TO INFORM ME OF WHICH UNIVERSITY INITIATED YOUR VISA. PLEASE PROVIDE NAME OF CONTACT PERSON AND ADDRESS OF THE UNIVERSITY WHO SIGNED YOUR DS-2019 FORM.
IMPORTANT: If you are a foreign national, please remember to bring your passport/visa papers, etc. with you to the conference.

Any questions, please contact:

Hope Shaffer
Conference Staff Assistant
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