ARTIFICIAL INTELLIGENCE AND STATISTICS 2005

JANUARY 6-8, 2005

SAVANNAH HOTEL, BARBADOS

REGISTRATION FORM

[Please print or type]

Please complete this form and return by fax to:
Premier Event Services Inc., Suite G1, Welches Plaza, Welches Road, St. Michael
Barbados, West Indies

Tel no: +1 (246) 435-0670 • Fax no: +1 (246) 435-0672 • E-mail: sales@premierevents.com.bb

| PERS | ONAL DETAILS | | | | |
|-------------------------|-----------------------------|---------------------------|-----------------|--------------------------|--|
| NAMI | E: | | | | |
| First name | | | Last name | Title | |
| COMPANY/INSTITUTION: | | | | POSITION: | |
| COMI | PANY ADDRESS: | | | | |
| | | | COUNTRY: | | |
| TELEPHONE: | | FAX | : | EMAIL: | |
| ACCC | OMPANYING PERSON(S) | : | | | |
| Do y | ou have any special | requirements (dieta | ary or otherwis | se)? | |
| If yes, please specify: | | | | Yes No No | |
| REGI | STRATION FEES | P 10 N | | A 10.V | |
| STUDENTS | | Before 19 Nov US\$ 260 | | AFTER 19 Nov US\$ 310 | |
| REGULAR | | US\$ 420 | | US\$ 470 | |
| PAYN | MENT INFORMATION | | | | |
| Payme | ent for Registration may be | arranged by: | | | |
| (1) | Credit Card: | | Visa | MasterCard | |
| | Amount: | | | | |
| | Charge to my Credit Ca | rd #: | | | |
| | Expiry Date: | (month) | (year) | | |
| | Name as appears on car | d: | | | |
| | Signatura as appears on | oord: | | | |

(2) Wire Transfers to

Premier Event Services Inc Client Account # 05205631 Barbados National Bank, Wildey, St. Michael, BARBADOS

via Chase Manhattan Bank

270 Park Avenue, New York, NY, 10017, USA

Swift Number CHASUS33

REFUND POLICY

• The Registration Fee is non-refundable

NOTES

- Transportation will be provided to the Savannah Hotel for participants staying at the Blue Horizon Hotel.
- Morning and afternoon coffee breaks will be provided for all registered participants.