REGISTRATION FORM

Statistical Learning and Data Mining IV send to: lyndahastie@gmail.com
Sheraton, Palo Alto fax: (650) 472-9091
Thursday and Friday, April 6-7, 2017 1040 Campus Dr, Stanford, CA94305-8413

Name:      Last_______________         First_______________

Firm or Institution: ______________________________  Full time student?___

Mailing Address: ______________________________________
_______________________________________________________

City ___________________________           ZIP___________

Country ___________________________________

Phone ___________________      FAX ___________________

email address  (PRINT)________________________________________

Lunch choice: Vegetarian _____   Non-Vegetarian _____

*** fill in next two lines if payment by credit card

_______________________________________    _______________
Visa/MC/Amex/Discover number             Auth. code

_______________________________________    _______________
Expiration Date             Name as it appears on card

Billing Address (if different from Mailing Address):
________________________________________________________
________________________________________________________

City ___________________________           ZIP___________

Country ___________________________________

*** If not paying by credit card please choose from below:

Check _____________ Wire Transfer_______________________

Do you require a purchase order? ___

Optional: How did you learn of this course offering?