REGISTRATION FORM

Statistical Learning and Data Mining IV
Georgetown Conference Center, DC

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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

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Visa/MC/Amex/Discover number             Auth. code

_______________________________________    _______________________
Expiration Date             Name as it appears on card

Billing Address (if different from Mailing Address):
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City ___________________________           ZIP___________
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Optional: How did you learn of this course offering?