REGISTRATION FORM

Statistical Learning and Data Science
Sheraton Palo Alto, California 94305
Monday and Tuesday, April 18-19, 2016.

send to: lyndahastie@gmail.com
fax: (650) 472-9091
1040 Campus Dr, Stanford, CA94305-8413

Name: Last_______________ First_______________

Firm or Institution: ______________________________ Full time student?___

Mailing Address: ________________________________________________

______________________________________________________________

City ___________________________ ZIP___________

Country ___________________________________

Phone ___________________ FAX ___________________

e-mail 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?