APPLICATION FORM
23rd Annual Mathematics Symposium, Nov. 21-22, 2003

Name: ..........................................................................................................................

E-mail address: ............................................................................................................

Mailing address: ...........................................................................................................
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Phone: ........................ Fax: .................................................................

Institution: ....................................................................................................................

Area of specialization: .................................................................................................

Presenting a talk: ( ) YES ( ) NO

If your answer is YES, please attach abstract of your talk to this application form.

Title of your talk: ..........................................................................................................
.................................................................................................................................

For Students ONLY:

( ) Undergraduate Student ( ) Graduate Student

Do you need financial support for your travel? ( ) YES ( ) NO

If your answer is YES, what is your anticipated mileage? .........................

Are you planning to stay overnight? ( ) YES ( ) NO

Are you willing to share a room? ( ) YES ( ) NO

If your answer is YES, please write roommate(s) name(s): ...............................

Please send this form to: Tom Richmond
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1 Big Red Way
Bowling Green, KY 42101
Fax number: (270) 745 3699 e-mail address: Tom.Richmond@wku.edu