

Registration Form

Please print or type the form below.

Name: _____

Work Address: _____

Organization/University: _____

School/Program/Division: _____

Street Address/Building: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Type of Registration:

Student: \$600 (Students must be full-time and not employed full-time. After registration, qualified students may take advantage of CSISS special scholarships for this Workshop). Application for this will be sent upon registration.

Other: \$900

Please enclose a Check or Money Order made payable to "*Trustees of the University of Pennsylvania*".

Wharton Summer 2001 Workshop

Address: **Lauder-Fischer Hall, Third Floor**

256 South 37th Street

Philadelphia, PA 19104

Tel: **(215) 898-4256**

Fax: **(215) 573-5261**

Website: **<http://gispdc.wharton.upenn.edu>**

Email: **amosp@wharton.upenn.edu**

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The Wharton School
University of Pennsylvania