

**APPLICATION / REGISTRATION FORM**

**Please complete, print, and return by June 20, 2007 (via mail, fax or email) to:**

UAF Dynamics of Complex Systems Workshop  
c/o Karina Possenti  
210 Chapman Bldg. / PO Box 756670 Fairbanks, AK 99775  
Phone: 907-474-5151 Fax: 907-474-5030 Email: fycss@uaf.edu

Name \_\_\_\_\_

Affiliation/Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Field of research or  
area of interest \_\_\_\_\_

Reason for interest in this summer school and desired outcome:

**Payment** (please check one)

Registration fee \$50 (includes lunches and snacks during summer school)

- Check  
 Department Charge Fund/org No. \_\_\_\_\_  
 Credit card (*complete form below*)

---

Credit Card Payment

**\*CHARGE WILL APPEAR AS "UAF BUSINESS OFFICE" ON YOUR CREDIT CARD STATEMENT\***

Total authorized to be charged to card \$ \_\_\_\_\_

Type of card  Visa  Mastercard

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name  
(please print) \_\_\_\_\_ V Code \_\_\_\_\_

Cardholder's Address  
(card billing address) \_\_\_\_\_

Street – PO Box Number

\_\_\_\_\_

City State Zip

Cardholder's Phone \_\_\_\_\_

Cardholder's Signature