REGISTRATION FORM

PARTICIPANT INFORMATION:

Full Name: ____________________________ Name for Badge: ____________________________
Affiliation: ______________________________________________________________________
E-mail Address: ________________________ City: ________________________________
Mailing Address: ________________________ State/Province: _____________________ Country: ____________ Zip/Post code: ____________

PLEASE CHECK ALL THAT APPLY:

☐ MAA Member
☐ Faculty
☐ K-12 Teacher
☐ Graduate Student
☐ Undergraduate Student
☐ Industry/Government
☐ Business
☐ Retired

PLEASE CHECK AS APPROPRIATE:

☐ Registration (Regular) $20
☐ Registration (Student) $0
☐ Friday Evening Banquet $30
☐ Saturday Continental Breakfast $0
☐ Saturday Lunch $12*
☐ Please waive fee for undergraduate student lunch $3
☐ Voluntary contribution for student support $3

TOTAL ENCLOSED _______

The Seaway Section has limited funds for supporting undergraduates. If an undergraduate student has an alternate source of funding, then the section would appreciate the use of that for the cost of lunch. Otherwise, the section will be glad to waive the fee for the undergraduate student’s lunch.

Please describe any dietary or mobility restrictions:

___________________________________________________________________________
___________________________________________________________________________

Send a check or money order payable to the MAA Seaway Section to:

Dr. Raluca Felea Phone: 585-475-2524
RIT School of Fax: 585-475-6627
Mathematical Sciences E-mail: rxfsm@rit.edu
2274 Gosnell Hall
1 Lomb Memorial Drive
Rochester, NY 14623

Registration forms and payment must be received by Friday, October 10, 2016

Please visit the Meeting website (http://rit.edu/science/seaway/) for complete information about hotel accommodations, driving directions, and parking.