



Registration & Payment Form

Practical CGE with GAMS

Please fax this form to: +32 2 706 7020 or to +1 413 517 0900 or email it as an attachment to: Theresa.Leary@ecomod.net

I would like to register for the course (please mark your choice):

- EcoMod Modeling School - Americas
- EcoMod Modeling School - Asia
- EcoMod Modeling School - Europe

NAME: _____

INSTITUTION: _____

POSITION: _____

ADDRESS: _____

PHONE: ____country code)____(city code)_____ FAX: _____

EMAIL: _____

I AM PAYING (please mark):

- US \$ 2,760 (full rate)
- US \$ 2,070 (university rate)
- Other amount: US \$ _____

BY **CHECK**

BY **BANK TRANSFER**

BY **CREDIT CARD** Visa MasterCard Diners Club

CARD NO: _____

EXPIRATION DATE: _____

CARDHOLDER'S NAME: _____

SIGNATURE: _____