



Registration & Payment Form

Macroeconometric Modeling using TROLL

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

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: _____