REGISTRATION FORM

FOURTH HUNGARIAN COLLOQUIUM ON LIMIT THEOREMS OF PROBABILITY AND STATISTICS

Please return this form before May 1, 1999 by e-mail to **limit@math-inst.hu** (Subject: registration) or by mail or fax to

JÁNOS BOLYAI MATHEMATICAL SOCIETY
Budapest, Fő utca 68., 1027 Hungary
Phone/fax: (361) 201 - 6974.

Family name (please print) . . . . . First name . . . . . .

Sex: Male / Female (delete one)

Affiliation .....

.....

Mailing address (if different) .....

.....

e-mail address . . . . . .

Number of accompanying person(s) . . . . .

I intend to give a talk YES / NO (delete one)

Title .....

Key words .....

.....

I enclose my abstract YES / NO (delete one)
I enclose my paper YES / NO (delete one)

What type of accommodation do you choose? (1) (2) (3) (4) (5)
Please, indicate also your preference among (1), (4), (5)

With whom would you like to share your room? .....
I order full board / half board (delete one)

Date of arrival . . . . . Date of departure . . . . . .

Would you like to take part in the excursion? YES / NO (delete one)

Special requests .....

Date . . . . . .

. . . . . .
Signature