



SOCIEDAD  
MATEMATICA  
MEXICANA



Sixth International Joint Meeting of the American Mathematical Society  
and the Sociedad Matemática Mexicana

**Houston, Texas, May 13-15, 2004**

# Sixth International Joint Meeting of the AMS and the SMM

Name \_\_\_\_\_

Institution (for badge) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

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

Acknowledgment of this registration will be sent to the email address above unless you check this box. *Send by US Mail*

## Registration & Banquet

### Registration

Regular Registration \$60 \$ \_\_\_\_\_  
Student Registration \$30 \$ \_\_\_\_\_

### Social Event

Banquet on Saturday, May 15, 2004  **Veg.** # tickets Price per Total

**Total to be paid** \$ \_\_\_\_\_

## Hotel Reservations

### Hyatt Regency Houston, 1200 Louisiana Street, Houston, TX 77002

Please circle requested room type and rate. All rates are subject to a 17% sales tax.

**Rooms must be cancelled at least 7 days prior to arrival to avoid penalty charges.**

Hotel (please check type)	Single	Double 1 bed	Double 2 beds	Triple 2 beds	Triple King w/cot	Quad 2 beds
Hyatt Regency Houston						
_____Regular	\$95	\$95	\$95	\$95	\$120	\$95
_____Student rate	\$49	\$49	\$49	\$49	\$60	\$49

By signing here, I certify that I qualify for the student rate indicated above: \_\_\_\_\_

**Date of Arrival:** \_\_\_\_\_ **Date of Departure:** \_\_\_\_\_

Deposit enclosed Guarantee requirement: first night's deposit paid by check (add to payment amount below) OR

Hold with my credit card \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Names of Other Room Occupant(s)** **Arrival Date** **Departure Date** **(If child give age)**

**Special Requests:** \_\_\_\_\_

## Payment

**Total Amount to be paid:** \$ \_\_\_\_\_

Check. Make checks payable to AMS. Checks must be payable in U. S. funds and drawn on a U. S. bank.

Purchase order # \_\_\_\_\_ (please enclose copy)

Credit Card (VISA, MasterCard, American Express, Discover)

Card number: \_\_\_\_\_ Exp. date : \_\_\_\_\_ Zipcode of billing address: \_\_\_\_\_

Signature: \_\_\_\_\_ Name on card: \_\_\_\_\_

**Mail this form to:**

**Deadlines:**

Mathematics Meetings Service Bureau  
P. O. Box 6887  
Providence, RI 02940 FAX 401-455-4004  
Questions/changes: email: mmsb@ams.org, or  
call 401-455-4143 or 1-800-321-4267 x 4143 or 4144

Hotel Reservations, changes &  
cancellations through the MMSB **April 13, 2004**  
Preregistration **April 30, 2004**  
50% Refund on Banquet &  
Preregistration **May 7, 2004\***  
\* no refunds after this date.