

NEW LISTING FOR MATHEMATICAL SCIENCES PROFESSIONAL DIRECTORY

(This form to be completed if NOT listed in the current Directory)

INSTITUTION NAME:

INSTITUTION ADDRESS:

(city)

(state/province)

(zip+4/code)

DEPARTMENT STREET ADDRESS:

DEPARTMENT/UNIT NAME:

CHAIR/HEAD'S NAME:

NAME OF LIBRARY ADVOCATE, IF NOT THE CHAIR:

TYPE OF DEPARTMENT/UNIT:

Academic

Check here if your department/unit has primary responsibility for mathematics instruction within your institution.

Nonacademic

Library Computing Center Other: _____

INSTITUTION SWITCHBOARD:

DEPARTMENT/UNIT PHONE:

DEPARTMENT/UNIT FAX NUMBER:

DEPARTMENT/UNIT ELECTRONIC ADDRESS:

DEPARTMENT/UNIT HOME PAGE URL:

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