

REGISTRATION FORM

Economic Imbalance: Fiscal and Monetary Policy for Sustainable Growth

Thursday-Friday, April 21-22, 2005

Conference fee: \$50



NAME

TITLE

AFFILIATION

ADDRESS

PHONE

FAX

E-MAIL

NOTE: To reserve more than one place, please send complete information for each person who will attend.

I will attend on: ☐ Thursday, April 21 ☐ Friday, April 22

I will be present for the following meals:

April 21

April 22

Continental breakfast

☐☐

Lunch

☐☐

Reception

☐

Dinner

☐

☐ I prefer vegetarian meals.

Sign-in will begin at 8:30 a.m. on Thursday, April 21. Events on Friday will begin with breakfast at 9:00 a.m.

☐ Payment enclosed. Amount enclosed (\$50 per person) \$

☐ Bill my credit card. ☐ VISA ☐ MasterCard

Make checks payable to The Levy Economics Institute of Bard College.

CREDIT CARD ACCOUNT NUMBER

EXPIRATION DATE

NAME AS IT APPEARS ON CARD

ADDRESS (IF DIFFERENT FROM REGISTRATION FORM)

SIGNATURE OF CARDHOLDER

DATE

Please register by April 14.