

REGISTRATION FORM

Statistical Learning and Data Science
Sheraton Palo Alto, California 94305
Monday and Tuesday, April 18-19, 2016.

send to: lyndahastie@gmail.com
fax: (650) 472-9091
1040 Campus Dr, Stanford, CA94305-8413

Name: Last _____ First _____

Firm or Institution: _____ Full time student? ____

Mailing Address: _____

City _____ ZIP _____

Country _____

Phone _____ FAX _____

email address (PRINT) _____

Lunch choice: Vegetarian _____ Non-Vegetarian _____

*** fill in next two lines if payment by credit card

Visa/MC/Amex/Discover number Auth. code

Expiration Date Name as it appears on card

Billing Address (if different from Mailing Address):

City _____ ZIP _____

Country _____

*** If not paying by credit card please choose from below:

Check _____ Wire Transfer _____

Do you require a purchase order? ____

Optional: How did you learn of this course offering?