

AAAI Membership I.D. #:			
Name:			
Institution & Department:			
Address:			
Email address:	Telephone (day	Telephone (daytime):	
Active participation in AAAI-98(yes/no)	Circle One:	technical paper presentation active workshop presentation other (specify)	
If no, please include letter of recommendation	n from your faculty advi	sor.	
Faculty Advisor: Email	address:		
Address:			
Other courses of fundings			
Other sources of funding:			
Budget: Travel (eg. air, auto)			
Housing _			
TOTAL			
Please note that air travel should be based of student housing rates. Housing will be availanight.			
I agree to submit an expense report to AAI understand failure to do so will jeopardize fut			
Signature:			
Date			
DEADLI	NE DATE IS APRIL 1	15, 1998	
AAAI USE ONLY			
Accepted: Amou	nt:		