

AAAI Membership I.D. #:			
Name:			
Institution & Department:			
Address:			
Email address:	Telephone (da	lephone (daytime):	
Active participation in AAAI-00(yes/no)	Circle One:	technical paper presentation active workshop presentation student abstract other (specify)	
If no, please include letter of recommendation f	rom your faculty advi	sor.	
Faculty Advisor: Email a	Email address:		
Address:			
Other sources of funding:			
Budget: Travel (eg. air, auto)		<u></u>	
Housing			
TOTAL _			
Please note that air travel should be based on student housing rates. Housing will be availanight.			
I agree to submit an expense report to AAA understand failure to do so will jeopardize future			
Signature:			
Date			
DEADLINE	DATE IS APRIL	15, 2000	
AAAI USE ONLY			
Accepted: Amou	nt:	_	