

REGISTRATION

Please fax this form with your credit card details to: +1 716 634 3215. No cover sheet is needed.

Or, if you prefer, mail this form with payment information (or check/money order) to:

Barry Smith • Department of Philosophy • University at Buffalo • 135 Park Hall, North Campus • Buffalo, NY 14260-4150

Please print le	gibly. This information will be used for name badge purpos	ses.	
Name:		•••••	
Affiliation:		•••••	
Address:		•••••	
		•••••	
Email:		Telephone:	
CONFERE	ENCE REGISTRATION		
Conference	e Registration [postmarked on or before September 15]	No Charge	
	ee Registration [postmarked after September 15]	\$10.00	
MEALS			
	reakfast and refreshments will be provided at no charge to e (with pre-payment) as follows:	o registered p	participants. Additional meals will be
	turday, Oct 14 • \$10.00 Dinner • Saturday, Oct 14 •	- \$30.00	Lunch - Sunday, Oct 15 - \$10.00
PAYMENT	DETAILS		
	ney Order Enclosed y order should be made payable to: Buffalo Center for Ontologica	al Research	Amount:
Credit Care Note: Charge w	d MasterCard/Visa Discover Americally appear on cardholder's credit card statement as "UB Foundation"	can Express	Amount:
Credit Card No	umber:		Exp Date:
Cardholder Na	ame:		
Billing Address	S:	•••••	
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Signature:			