First International Symposium on Classical Chinese Garden
April 27-28, 2002
New York Chinese Scholar's Garden
Registration Form

_____
Name

_____
Address City State Country

_____
Day telephone E-mail Fax

Please fill in and mail or fax to the Staten Island Botanical Garden, 1000 Richmond Terrace, Staten Island, New York 10301 USA Phone: (718) 273-8200 Fax: (718) 442-3645

Symposium Fees		Total
Tuition @ $100	_____ Number	_____
* Student @ $25	_____ Number	_____
China Institute Reception @ $20	_____ Number	_____
Garden reception & buffet @ $35	_____ Number	_____
Total		_____

* A copy of current ID indicating full-time student status from an established institution of higher learning must be included for each student registrant.

Credit Card Information: (Please check one) AmEx___ Visa____ Master Charge___

Number: _____ Exp. Date:_____

Signature: _____

Registration is complete upon check receipt or credit card confirmation. Unless contacted by the Garden, you may consider your registration completed.