SUMMER SCHOOL IN MODERN MATHEMATICAL PHYSICS

August 13-25, 2001		Sokobanja,	Serbia,	Yugoslavia
REQUEST FOR PARTICIPA	TION			
Surname:	First name:		Sex:	
Place and Date of birth	:	Citizenship:		
Full address of permane	nt Institution:	E-mail:		Tel. No.
Period of stay: From	То			
Academic qualification(s) PhD MS BS Year qualification(s) obtained If you are a student, recommendation of your advisor.				
List your recent public	ations (title, jour	nal and year)	:	
Kindly supply a keyword Mathematics:		r current sci Physics:	entific a	activities:
I shall participate in I am requesting financi I am requesting financi	al support for livi	ng expenses	()))
Date	Signature			
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Please return this form before May 31, 2001 to: Summer School in Modern Mathematical Physics, Institute of Physics P.O.Box 57, 11001 Belgrade Yugoslavia or to E-mail SSMMP@phy.bg.ac.yu