

# INFORMS Cincinnati, Spring 1999 May 2-5, 1999

Preregistration Deadline: April 1  
Cancellation & Refund: April 28

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Affiliation \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Please Check:  Academic  Business  Government

## REGISTRATION FEES

	(before April 1)	(after April 1)	total
<input type="checkbox"/> Member	(RF1) \$210	(RF6) \$235	\$ _____
<input type="checkbox"/> Nonmember	(RF2) 250	(RF7) 275	_____
<input type="checkbox"/> Student Rate <i>(Student certification required)</i>	(RF3) 65	(RF8) 65	_____
<input type="checkbox"/> Retired	(RF4) 65		_____
<input type="checkbox"/> Guest Registration _____	(RF5) 25		_____
Guest's Name			

## SPECIAL ACTIVITIES

<input type="checkbox"/> Conference on Information Systems & Technology Saturday & Sunday, May 1 - 2 <i>Must be registered for conference to participate.</i>	(SA1) \$45	(SA5) \$45	\$ _____
<input type="checkbox"/> Franz Edelman Award Competition, Sunday, May 2	(SA2) 95	(SA6) 95	_____
<input type="checkbox"/> Computational & Mathematical Organizational Theory Workshop, Saturday & Sunday, May 1 - 2	(SA3) 95	(SA7) 115	_____
Student Rate <i>(Student certification required)</i>	(SA4) 65	(SA8) 85	_____

## TEACHING EFFECTIVENESS COLLOQUIUM *Preregistration required!!* Friday - Sunday, April 30 - May 2

*Includes choice of Breakout Sessions listed below. Must be registered for conference to participate*

<input type="checkbox"/> I am registering for the Teaching Effectiveness Colloquium	(TC1) \$120	_____
PhD Student Rate * <i>(Student certification required - reference bottom of registration form, page 2, for details)</i>	(TC2) 40	_____

### Breakout Session Choices

*Choose breakout session for each day in order of preference.*

#### Saturday breakouts 3:15 - 5:15pm

	1st	2nd	3rd
1. Spreadsheet Implementation: Mathematical Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Simulation & Risk Analysis on Spreadsheets			
3. Statistical Thinking with Spreadsheets			

#### Sunday breakouts 10:45am - 12:45pm

	1st	2nd	3rd	4th
4. Integrating Engineering Material into an OR Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Integrating Marketing Concepts into an MS Course				
6. Integration of Management Science with Finance				
7. From Decision Models to Decision Support: Excel with VBA				

<input type="checkbox"/> I am registering for individual breakout session only	(TC3) \$60	_____	
Student Rate <i>(Student certification required)</i>	(TC4) 20	_____	
This reduced fee entitles you to <b>one</b> out of seven breakout sessions.	1st	2nd	3rd
Choose only one breakout session from above.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> I am registering for workshop on Presentation Skills only. Sun. 2:00 - 4:15pm	(TC5) \$60	\$ _____
Student Rate <i>(Student certification required)</i>	(TC6) 20	_____



**SOFTWARE WORKSHOPS:** (Must have a minimum of 10 or will be cancelled.)

	(before April 1)	(after April 1)	total
<input type="checkbox"/> (1) Crystal Ball Workshop, Sunday, May 2, 8:00am-12noon	(SW1) \$120	(SW6) \$140	_____
<input type="checkbox"/> (2) Taylor II Workshop, Sunday, May 2, 8:00am-12noon	(SW2) 120	(SW7) 140	_____
<input type="checkbox"/> (3) AMPL Workshop, Sunday, May 2, 1:00-5:00pm	(SW3) 120	(SW8) 140	_____
<input type="checkbox"/> (4) SIMUL8 Workshop, Sunday, May 2, 1:00-5:00pm	(SW4) 120	(SW9) 140	_____
Student rate for each workshop ( <i>Student certification required</i> )	(SW5) 60	(SW10) 80	_____

(check off appropriate workshop) (1)  (2)  (3)  (4)

**PLANT TOURS** (30 person maximum)  
Seating is limited, assigned on a first come, first served basis

<input type="checkbox"/> (1) Toyota - Sunday May 2, 10:00am	(PT1) \$40	_____
<input type="checkbox"/> (2) GAP - Sunday May 2, 2:00pm	(PT2) 25	_____
<input type="checkbox"/> (3) Cintas - Monday May 3, 9:00am	(PT3) 25	_____
<input type="checkbox"/> (4) Mazak - Monday, May 3, 1:00pm	(PT4) 25	_____
<input type="checkbox"/> (5) Hudson - Tuesday, May 4, 1:00pm	(PT5) 25	_____

**GUEST TOURS**

<input type="checkbox"/> Monday, May 3, Cincinnati Zoo & Botanical Gardens, 10:00am - 3:00pm	(GT1) \$31	_____
<input type="checkbox"/> Tuesday, May 4, Riverboat Lunch Cruise, 10:30am - 2:30pm	(GT2) 45	_____

**BASEBALL GAME** (limit 100) ***Preregistration Required!!***

<input type="checkbox"/> Tuesday, May 4, 7:05pm Cincinnati Reds vs. Arizona Diamondbacks	(B1) 15	_____
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**SAUL GASS 10K RACE**

<input type="checkbox"/> Tuesday May 4, 6:30am	(prereg) (10K1) 20	_____
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***Please complete the race entry form and sign the mandatory waiver - See below***

Check Enclosed     AMEX     VISA     MasterCard

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**TOTAL ENCLOSED**    \$ \_\_\_\_\_

Make checks payable to: **INFORMS Cincinnati**, 2 Charles Street, Suite 300, Providence, RI 02904 USA.  
 Call **800-343-0062** or **401-274-2525** Fax: **401 274-3189** [www.informs.org](http://www.informs.org)  
 E-mail: [meetings@informs.org](mailto:meetings@informs.org) Cancellation: Must be in writing postmarked no later than April 28 for refund.

**\*STUDENT DOCUMENTATION FOR TEACHING COLLOQUIUM**

1. Be in good standing in a PhD program emphasizing one of INFORMS' constituent disciplines.
2. Be within 6 months of completing all degree requirements.
3. Have a sincere interest in an academic career.
4. Be a member of INFORMS or have applied for membership at the time of registration.

Certification can be faxed to **401-274-3189** or emailed to [meetings@informs.org](mailto:meetings@informs.org)



# THE SAUL GASS 10K RACE

The Saul Gass 10K Race will be held on Tuesday May 4, 1999. Buses will leave for the 10K course at 6:30 a.m. sharp from the Cincinnati Convention Center. The race will take place at Lunken Airfield Bike Path and will begin promptly at 7:15 a.m. The race is open to all INFORMS meeting registrants and their guests (no minors; you must be 18 years of age or older to run). A continental breakfast will be held at the site of the race for all runners and prizes will be awarded at that time.

Don Connolly Inc., Cincinnati's most respected race management team, will manage this event. **Each runner should copy the entry registration form given below and mail a completed and signed copy and \$20.00 entry fee to the address indicated by April 22, 1999. On-site registration on race day will be available for \$25.**

**For more information, contact Don Connolly: 513-474-1399; dconno@racedmc.com**

The Cincinnati Saul Gass 10K Race is sponsored by **Sunny Delight®**

## ENTRY FORM FOR THE SAUL GASS 10K RACE CINCINNATI, OHIO - TUESDAY, MAY 4, 1999

NAME (print) \_\_\_\_\_  
(First Name) (Last Name)

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email \_\_\_\_\_

T-Shirt Size:  S  M  L  XL

Race Category:  Male  Female

Age:  18 to 29  30 to 39  40 to 49

50 to 59  60 to 69  70+

### **Mandatory Waiver - waiver must be signed before mailing**

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including but not limited to: falls, contact with other participants, effects of weather including high heat and/or humidity, traffic, condition of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release sponsors of the Saul Gass 10K Race, the Institute for Operations Research and the Management Sciences (INFORMS), Don Connolly Inc. and their representatives and successors from all claims of liabilities of any kind arising from this event though liability might arise out of negligence or carelessness on the part of persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures or record of this event for any legitimate purpose. I understand that entry fees are non-refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make check payable to INFORMS Saul Gass 10K and mail to:**

Saul Gass 10K Race  
INFORMS  
2 Charles Street, Ste. 300  
Providence, RI 02904