



SUBSTITUTION/ABSENTEE REQUEST FORM  
Engineering in Medicine and Biology Conferences



Date Submitted: \_\_\_\_\_

Conference Name: International Conference on Engineering in Medicine & Biology (EMBC'17)

Corresponding Author Details NAME: \_\_\_\_\_  
PIN: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Only co-authors are eligible as a substitution in the event the corresponding author is unable to attend.

1. Yes, the name of my substitute is: \_\_\_\_\_  
He/she is a confirmed registrant and is aware he/she is presenting on my behalf (PIN) \_\_\_\_\_

2. No, no one will present my work (signature) \* \_\_\_\_\_

NOTE: \* Unless there is a medical emergency or a Visa/travel issue, I understand my paper or poster will not be allowed in the XPLORE proceedings, and I will not be permitted to submit another paper for 2 years. **All requests will be reviewed by the committee and the author will be notified to the status of their request. Official documentation must be sent with this form or within 5 days after the conference.**

|               |              |       |
|---------------|--------------|-------|
| Paper Details | Paper ID:    | _____ |
|               | Authors:     | _____ |
|               | Paper Title: | _____ |

Detailed reason you are unable to attend (please attach/send official documentation with this form):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Conference Registration Information

☐ I have completed a registration payment to attend the conference.  
☐ I have **not** completed a registration payment to attend the conference.

If this is a Visa issue, you may be eligible for a partial refund if you supply the needed back-up.

☐ I would like to still have my 4 page paper published and I understand that I will not receive a refund.  
☐ I am not interested in having my 4 page paper published and would like to receive a partial refund.

Please submit this form via email to [j.sandler@ieee.org](mailto:j.sandler@ieee.org)

For office use only

|                  |       |                                       |       |
|------------------|-------|---------------------------------------|-------|
| Form Received on | _____ | Proceeding Sent                       | _____ |
| Informed Timely  | _____ | Registration Refunded                 | _____ |
| Action Taken     | _____ | Contributing author paid registration | _____ |