

Registration Form

All participants for ICIBM 2013 are requested to register as early as possible. At least one author per paper must register; otherwise, the paper will not be arranged for publication.

List all information as it appears on your driver's license and/or passport.

Dr. / Mr. / Ms. (circle) Last Name: _____ First Name: _____ MI: _____

Institution: _____

Mailing Address: _____

City/State/Province: _____ Post/ZIP Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Paper/Abstract Submission Number(s) (if applicable): _____

Gender (optional): _____ Race/Ethnicity (optional): _____

Dietary Restriction (specify if Yes): _____

Registration Fee

Early registration ☐ US\$350

Regular registration ☐ US\$400

Student/postdoc registration ☐ US\$250

The registration fee includes all seminars, workshops/tutorials, a poster session, one bag, one printed conference program book, and scheduled conference meals and refreshment breaks.

To be considered early registration, please complete this Form and send it (in PDF format) to us NO later than **July 5, 2013** to icibm.list@gmail.com; your mailed form and accompanying payment check must be postmarked the same day as your emailed form.

Registrant's Signature: _____

Date: _____