



C-SHALS
Cambridge/Boston, MA
February 25-27, 2009



PARTICIPANT INFORMATION

REVISED 12/19/08

Title (Dr., Mr., Ms., Mrs., Miss) _____
 First Name: _____ Family Name: _____
 First Name for Badge: _____ Male or Female
 Institution/Affiliation: _____ Professional Title _____
 Department: _____
 Address: _____
 City: _____ State: _____ Country: _____ Postal Code: _____
 Phone: _____ Fax: _____ E-mail: _____

Special Needs: Check if you have special needs
 Please list special needs: _____

CONFERENCE REGISTRATION

I am registering as an ISCB member. My ISCB registered email address is: _____
 I am registering as a non-member (to join ISCB go to www.iscb.org).

REGISTRATION FEES (Early Registration Deadline January 14, 2009, 11:59 PM) Check Registration Category

	ISCB Member	Non-member	Amount Due
<input type="checkbox"/> Industry	\$500	\$700	_____
<input type="checkbox"/> Academic/Government/Non-profit	\$300	\$500	_____
<input type="checkbox"/> Postdoc (with letter from Advisor*)	\$250	\$400	_____
<input type="checkbox"/> Students (with ID*)	\$125	\$225	_____
<input type="checkbox"/> Tutorial (to be held March 5 th)	\$75	\$75	_____

REGISTRATION FEES (After January 14, 2009 11:59 PM) Check Registration Category

	ISCB Member	Non-member	Amount Due
<input type="checkbox"/> Industry	\$600	\$800	_____
<input type="checkbox"/> Academic/Government/Non-profit	\$400	\$600	_____
<input type="checkbox"/> Postdoc (with letter from Advisor*)	\$350	\$500	_____
<input type="checkbox"/> Students (with ID*)	\$225	\$325	_____
<input type="checkbox"/> Tutorial (to be held March 5 th)	\$100	\$100	_____

* Please present Advisor letter and/or student Id upon check-in.

TOTAL DUE: _____

PAYMENT METHOD

Check or money order (make check payable to ISCB) Credit Card
 Accepted cards: Visa MasterCard American Express Discover

Credit Card Number: _____ Security Number* _____ Expiration Date: _____

Print Name as it appears on Credit Card: _____

Complete Billing Address: _____

Check here if billing address is same as above

Signature of Cardholder: _____ Date: _____

* For Amex this is the 4 digit code on front of card, for all others it is the 3 digit code on the back of the card.

Mail or Fax completed form to Suzi Smith, ISCB, 12127 Royal Lytham Row, San Diego, CA 92128, +1-619-374-2890

Cancellation Policy: Request for registration cancellation must be made in writing & sent to ISCB Registration Office, c/o Suzi Smith, 12127 Royal Lytham Row, San Diego, CA 92128, e-mail admin@iscb.org or faxed to 1-619-374-2890.

All refunds will be processed and mailed following the Conference. Refunds will be made in accordance with the following schedule:

- > Cancellations received on or before February 06, 2009 will receive a 50% refund
- > No Refunds will be given after February 06, 2009

If you have any questions, please contact the ISCB administrator at admin@iscb.org