



**CSHALS**  
Cambridge/Boston, MA  
February 24-26, 2010

An Official Conference of the  
International Society for Computational Biology



**PARTICIPANT INFORMATION**

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](http://www.iscb.org)).

**REGISTRATION FEES (Early Registration Deadline January 20, 2010, 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 February 24, 1-5 p.m.)	\$75	\$75	_____

**REGISTRATION FEES (After January 21, 2010 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 February 24, 1-5 p.m.)	\$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](mailto: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 05, 2010 will receive a 50% refund
- > No Refunds will be given after February 05, 2010

If you have any questions, please contact the ISCB administrator at [admin@iscb.org](mailto:admin@iscb.org)