3rd Annual Rocky Mountain Regional Bioinformatics Conference

December 9 - 11, 2005 Aspen/Snowmass, Colorado Silvertree Hotel

ROCKY '05

iSCB INTERNATIONAL SOCIETY FOR COMPUTATIONAL BIOLOGY

PARTICIPANT INFORMATION

Title (Dr., Mr., Ms., Mrs., Miss) _____ ☐ Male or ☐ Female
First Name: _____ Family Name: _____
First Name for Badge: _____
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 membership number is: _____
☐ I am registering as a non-member (to join ISCB go to *www.iscb.org*).

REGISTRATION FEES (Early Registration Deadline November 14, 2005) Check Registration Category

	ISCB Member	Non-member	Amount Due
☐ Industry	$330	$380	_____
☐ Academic/Government/Non-profit:	$230	$280	_____
☐ Postdoc (with letter from Advisor*):	$130	$180	_____
☐ Students (with ID*):	$ 105	$140	_____

REGISTRATION FEES (After November 14, 2005) Check Registration Category

☐ Industry	$405	$455	_____
☐ Academic/Government/Non-profit:	$305	$355	_____
☐ Postdoc (with letter from Advisor*):	$205	$255	_____
☐ Students (with ID*):	$180	$215	_____

OTHER ITEMS

Number of Off-site Banquet Tickets on Friday, December 9, 2005 _____ x $30= _____
Number of ski lift tickets _____ x $47 = _____

Rocky Mountain Regional Bioinformatics Group Membership:

☐ I would like to contribute $5 USD to the formation of a Rocky Mountain Regional Bioinformatics Group. This contribution will make me an inaugural member of this group, and place me on the group mailing list for networking opportunities after the conference dates.

* 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 ☐ Diners Club ☐ 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 following the full card number, generally embedded into the signature line.

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

Accommodations must be booked directly with hotel. A complete listing is available at http://www.iscb.org/rocky05/hotel.htm

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 November 25, 2005 will receive a 50% refund
- No Refunds will be given after November 25, 2005