



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).

REGISTRATION FEES (Early Registration Deadline November 1, 2006) Check Registration Category

Table with 4 columns: Registration Category, ISCB Member, Non-member, Amount Due. Rows include Industry, Academic/Government/Non-profit, Postdoc, and Students.

REGISTRATION FEES (After November 1, 2006) Check Registration Category

Table with 4 columns: Registration Category, ISCB Member, Non-member, Amount Due. Rows include Industry, Academic/Government/Non-profit, Postdoc, and Students.

OTHER ITEMS

Number of Off-site Banquet Tickets on Friday, December 1, 2006 \_\_\_\_\_ x \$35= \_\_\_\_\_
Number of ski lift tickets \_\_\_\_\_ x \$55 = \_\_\_\_\_

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 17, 2006 will receive a 50% refund
No Refunds will be given after November 17, 2006