



5th Annual Rocky Mountain Bioinformatics Conference

November 30 - December 2, 2007

Aspen/Snowmass, Colorado

Silvertree Hotel



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 October 29, 2007) Check Registration Category

	ISCB Member	Non-member	Amount Due
<input type="checkbox"/> Industry	\$450	\$560	_____
<input type="checkbox"/> Academic/Government/Non-profit:	\$350	\$460	_____
<input type="checkbox"/> Postdoc (with letter from Advisor*):	\$185	\$265	_____
<input type="checkbox"/> Students (with ID*):	\$125	\$175	_____

REGISTRATION FEES (After October 29, 2007) Check Registration Category

<input type="checkbox"/> Industry	\$525	\$635	_____
<input type="checkbox"/> Academic/Government/Non-profit:	\$425	\$535	_____
<input type="checkbox"/> Postdoc (with letter from Advisor*):	\$260	\$340	_____
<input type="checkbox"/> Students (with ID*):	\$200	\$250	_____

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

OTHER ITEMS

Number of Off-site Banquet Tickets for Friday, November 30, 2007 at il Poggio Ristorante ____ x \$35 _____
 Number of ski lift tickets _____ x \$55 (\$87 when purchased from the resort) _____

Rocky Mountain Regional Bioinformatics Group Membership:

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

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/rocky07/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 16, 2007 will receive a 50% refund
- No Refunds will be given after November 16, 2007