



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 (BOX LUNCHES ARE NOT INCLUDED IN REGISTRATION FEE)

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 4, 2008) Check Registration Category

| | ISCB Member | Non-member | Amount Due |
|---|--------------------|-------------------|-------------------|
| <input type="checkbox"/> Industry | \$450 | \$560 | _____ |
| <input type="checkbox"/> Academic/Government/Non-profit: | \$355 | \$465 | _____ |
| <input type="checkbox"/> Postdoc (with letter from Advisor*): | \$210 | \$290 | _____ |
| <input type="checkbox"/> Students (with ID*): | \$185 | \$235 | _____ |

REGISTRATION FEES (After November 4, 2008) Check Registration Category

| | | | |
|---|-------|-------|-------|
| <input type="checkbox"/> Industry | \$525 | \$635 | _____ |
| <input type="checkbox"/> Academic/Government/Non-profit: | \$430 | \$540 | _____ |
| <input type="checkbox"/> Postdoc (with letter from Advisor*): | \$285 | \$365 | _____ |
| <input type="checkbox"/> Students (with ID*): | \$260 | \$310 | _____ |

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

OTHER ITEMS

Boxed Lunches (per day) Total # of lunches _____ x \$25
 Circle sandwich choice and indicate which day you want it: Turkey Fri ___ Sat___ Roast Beef Fri ___ Sat___ Vegetarian Fri ___ Sat___
 Number of Off-site Banquet Tickets for Friday, December 5, 2008 **SOLD OUT, PLEASE INQUIRY ON-SITE**
 Number of ski lift tickets _____ x \$49 (\$65 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 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/rocky08/hotel.php>

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, 2008 will receive a 50% refund
- No Refunds will be given after November 16, 2008