



CONFERENCE REGISTRATION

PARTICIPANT INFORMATION

Title (please circle one): Prof. Dr. Mr. Ms. Mrs. Miss Gender (please circle one): Male Female
 First/Given Name: _____ Family/Last Name: _____
 First Name to appear on Badge: _____
 Institution/Affiliation: _____ Job Title: _____
 Department: _____
 Address: _____
 City: _____ State: _____ Country: _____ Postal/Zip Code: _____
 Phone: _____ Fax: _____
 E-mail (use your ISCB registered email address if registering as a member): _____
 Special Needs – please circle any that apply: dietary physical visual auditory
 Please describe special needs (i.e., vegetarian, wheelchair, etc.): _____

EARLY REGISTRATION (must be received by ISCB on or before November 15, 2010) **CLOSED**

Check Applicable Category and circle amount	ISCB Member	Non-member ^	Amount Due
<input type="checkbox"/> Industry	\$ 460	\$ 680	_____
<input type="checkbox"/> Academic/Government/Non-profit:	\$ 365	\$ 585	_____
<input type="checkbox"/> Postdoc (with letter from Advisor*):	\$ 220	\$ 380	_____
<input type="checkbox"/> Students (with ID*):	\$ 185	\$ 285	_____

REGULAR REGISTRATION (for registrations received by ISCB on or after November 16, 2010)

Check Applicable Category and circle amount	ISCB Member	Non-member ^	Amount Due
<input type="checkbox"/> Industry	\$ 535	\$ 755	_____
<input type="checkbox"/> Academic/Government/Non-profit:	\$ 440	\$ 660	_____
<input type="checkbox"/> Postdoc (with letter from Advisor*):	\$ 295	\$ 455	_____
<input type="checkbox"/> Students (with ID*):	\$ 260	\$ 360	_____

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

^ JOIN ISCB NOW AND SAVE!

Participants wishing to join or renew an ISCB membership in order to take advantage of the member registration discount can do so now. Please visit <http://www.iscb.org/iscb-membership> for the applicable membership dues pricing based on your category and country of residence. Then either enroll and pay for membership online or write the dollar amount below to be included in the total amount due.

ISCB Membership dues to be added to total: _____

Contact Details to Share

I do not agree to my contact details, including email address, being shared with Rocky Conference attendees _____

OPTIONAL REGISTRATION ITEMS:

OFF-SITE BANQUET: THURSDAY, DECEMBER 9, 2010, 7:30 P.M. – 9:30 P.M. SOLD OUT

This year's banquet will be held at Il Poggio Restaurant in Snowmass Village. This event typically sells out; tickets should be purchased in advance with registration. Tickets may not be available on-site)

Number of Off-site Banquet Tickets _____ x \$ _____ total @ \$= _____ **XXXX** _____

LUNCH OPTIONS:

Lunch is not included in the conference registration fee, but to-go lunches can be ordered in advance of the conference (advance order only; cannot be ordered on-site). Pre-ordered to-go lunches will be available for pick up at noon on Thursday and Friday outside the meeting room. Lunches are \$16 each; default quantity is 1 unless otherwise noted.

Friday lunch includes: Vegetarian or Chicken Caesar Wrap sandwich, with sun chips, brownie, & bottled water or soda.
Wrap choice: vegi (quantity ___) chicken caesar (quantity ___) total @ \$16 each = _____

Saturday lunch includes: Vegetable Chow Mein with apple, cookies, & bottled water or soda.
(quantity ___) total @ \$16 each = _____

DISCOUNT SKI LIFT TICKETS:

Again this year Radio Frequency (RF) gate cards will be available for purchase. Please note there is a refundable \$5 per ticket fee for the RF card, which is refundable at the ticket counters. No refunds will be given for unclaimed or unused lift tickets. Tickets at Aspen ticket counter are \$100 per day (non-group) on-site. Lift tickets purchased at the advance group rate are non-refundable.

<u>Ticket duration</u>	<u>Quantity Needed</u>		
1-day card:	_____	x \$	58
2-day card:	_____	x \$	109
3-day card:	_____	x \$	158
4-day card:	_____	x \$	207
			total = _____

ROCKY MOUNTAIN REGIONAL BIOINFORMATICS GROUP MEMBERSHIP:

A \$ 5 contribution to the Rocky Mountain Regional Bioinformatics Group (RMRBG) is gratefully accepted. If you choose, this contribution will enroll you as a member of this group, and place you on the group mailing list for networking opportunities and announcements about future Rocky conference.

RMRBG contribution total = _____

TOTAL REGISTRATION AND OPTIONAL ITEMS AMOUNT DUE (please total all above items) _____

PAYMENT METHOD

Check or money order (make check payable in US Dollars to ISCB. Checks must be drawn on a US bank.)

Credit Card

Accepted cards: Visa MasterCard American Express Discover

Credit Card Number: _____ Security Number* _____ Expiration 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.

Print Name as it appears on Credit Card: _____

Complete Billing Address: Check here if billing address is same as the participant address on page 1 of this form.

Signature of Cardholder: _____ Date: _____

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. Full hotel information is available at www.iscb.org/rocky10-generalinformation/conference-hotel

Cancellation Policy: Request for registration cancellation must be made in writing and sent to ISCB Registration Office, c/o Suzi Smith, 12127 Royal Lytham Row, San Diego, CA 92128, or e-mailed to 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 9, 2010 will receive a 50% refund • No Refunds will be given on or after November 10, 2010