

**Seventh IEEE International Symposium on Bioinformatics and Biomedical Engineering
BIBE 2007**

Conference Center of Harvard Medical School, Boston, MA
October 14-17, 2007

Registration Form

Each paper must be accompanied by one registration and payment to guarantee publication in the Proceedings. Papers that are received without registration and payment will not be published in the Proceedings. **If an author has more than one paper, EACH PAPER must be accompanied by a separate registration and additional payment.** In the case of multiple-author papers, full registration is required for at least one of the authors. If you do not have any paper, you are welcome to register too.

At least one author of each paper must register by the early registration deadline (August 10, 2007).

First Name: _____ Last Name: _____

Title (Dr./Mr./Ms./Prof.): _____ Position: _____

Company/University: _____

Department: _____

Address: _____

City: _____ State: _____

Country: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

email: _____

IEEE Membership # _____

Paper ID and title (if you have) _____

Registration Fee (all in US Dollars)

Delegate Type	Registration Fee
Regular (non IEEE Member)	\$595
IEEE Member	\$495
Students	\$280
Students (non IEEE Member)	\$330

Number of registrations: _____
Number of banquets on Oct 15th: _____ (\$45 each person, the above registration fee does not include a banquet fee)
Number of Extra-pages: _____ (\$75 per page)
Number of extra Proceedings (two volumes): _____ (\$85 for two volumes: student registration does not include proceeding; non-student registration already includes two volumes of proceedings.)

Total: US\$ _____

Payment must be remitted by check or money order or credit card in US currency only, **payable to BIBE 2007.**

The Registration Form can be sent by Fax or Email.

Please send registration along with check or money order payment to:

Mr. Arun Rawat
University of Southern Mississippi # 5911,
118 College Drive,
Hattiesburg MS 39406
USA
Tel: 601-266-4353
Fax: 601-266-6678
Email: arun.rawat@usm.edu

You may choose to pay by credit card also. For credit card payment, please supply the following information. Fax payments by credit card are acceptable. Please send the credit card information to the above address.

Card Type: ()Mastercard / ()Visa / ()American Express

Card Information

Name on Credit Card: _____

Card Number: _____

Expiration date: _____

Signature: _____

Cancellation Policy: Request for registration cancellation must be asked in writing and sent to the above address or faxed to 601-266-6678. All refunds will be processed and mailed after the BIBE2007 Symposium. Refunds will be made according to the following schedule: Cancellations Received on or before August 20, 2007 will receive a refund minus a USD \$120.00 processing fee. Cancellations Received between August 20, 2007 and October 01, 2007 will receive a refund minus a USD \$180.00 processing fee. No refunds will be made after October 01, 2007.