



SUBSTITUTION/ABSENTEE REQUEST FORM
Engineering in Medicine and Biology Conferences



Date Submitted: _____

Conference Name: International Symposium on Biomedical Imaging (ISBI'15)

Corresponding Author Details	NAME:	_____
	PIN:	_____
	Email Address:	_____

Only co-authors are eligible as a substitution in the event the

corresponding author is unable to attend. He/she is a confirmed registrant and is aware he/she is presenting on my behalf (PIN)_____

1. Yes, the name of my substitute is: _____

2. No, no one will present my work (signature) * _____

NOTE: * Unless there is a medical emergency or a Visa/travel issue, I understand that I will not be permitted to submit another paper for 2 years. **All requests will be reviewed by the committee and the author will be notified to the status of their request. Official documentation must be sent with this form or within 5 days after the conference.**

Paper Details	Paper ID:	_____
	Authors:	_____
	Paper Title:	_____

Detailed reason you are unable to attend (please attach/send official documentation with this form):

Conference Registration Information

I have completed a registration payment to attend the conference.

I have not completed a registration payment to attend the conference.

If this is a Visa issue, you may be eligible for a partial refund.

I would like to receive a copy of the proceedings and I understand that I will not receive a refund.

I am not interested in receiving a copy of the proceedings and would like to receive a refund.

Please submit this form via email to j.sandler@ieee.org

For office use only

Form Received on _____	Proceeding Sent _____
Informed Timely _____	Registration Refunded _____
Action Taken _____	Contributing author paid registration _____
