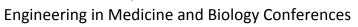


## SUBSTITUTION/ABSENTEE REQUEST FORM





Date Submitted:				
Conference Name:	Internationa	International Symposium on Biomedical Imaging (ISBI'17)		
Corresponding Author Details		NAME:		
		PIN:		
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Only co-authors are e	eligihle as a	1. Yes, the name of my	roubstituto is:	
substitution in the ev	-	1. 1es, the name of my	substitute is	
corresponding autho attend.	r is unable to	He/she is a confirmed (PIN)	registrant and is aware he/she is presenting on my behalf	
NOTE		2. No, no one will pres	ent my work (signature) *	
NOTE:	* Unless there submit anothe	er paper for 2 years. All re e status of their request. C	or a Visa/travel issue, I understand that I will not be permitted to equests will be reviewed by the committee and the author will be Official documentation must be sent with this form or within 5 days	
Paper Details	Paper ID:	:		
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Detailed reason you	are unable to	attend (please attach/so	end official documentation with this form):	
Conference Registrat	tion Informati	on		
	7		pent to attend the conference	
	I have completed a registration payment to attend the conference.  I have <u>not</u> completed a registration payment to attend the conference.			
	1			
If this is a Visa issue,	you may be el	ligible for a partial refun	d.	
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Action Taken			Contributing author paid registration	
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