



**SUBSTITUTION/ABSENTEE REQUEST FORM**  
Engineering in Medicine and Biology Conferences



Date Submitted: \_\_\_\_\_

Conference Name: International Symposium on Biomedical Imaging (ISBI'17)

<b>Corresponding Author Details</b>	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.**

<b>Paper Details</b>	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](mailto:j.sandler@ieee.org)**

**For office use only**

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

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