



Institute of Biological Engineering
 2010 Annual Conference
 March 4-6, 2010
 Hyatt Regency Cambridge – Cambridge, Massachusetts

REGISTRATION FORM

Please print or type.

First Name _____ Middle Initial _____
 Last Name _____
 Badge Name _____
 Title _____
 Affiliation _____
 Department _____
 Address _____

 City _____ State _____
 ZIP/Postal Code _____ Country _____
 Email _____
 Telephone _____
 Fax _____
 (For international numbers, please include country and city code.)

In case of emergency, please contact:

Name _____
 Telephone _____

ADA/Special Requests _____

Student Status Verification

School Name _____
 School City _____ State _____
 X _____
 Signature of Advisor or Department Chair
 Expected Graduation Date _____
 Advisor Telephone _____
 Advisor Email _____

Cancellation Policy

Refunds for cancellations prior to February 5, 2010 will be processed less a \$50.00 fee. No refunds for cancellations will be given after February 5, 2010. IBE regrets that refunds are not given for no-shows. All refunds will be processed after March 6, 2010.

RETURN COMPLETED FORM TO:
 Institute of Biological Engineering
 1020 Monarch St, Ste 300B • Lexington, KY 40513
 Telephone: +1 (859) 977-7450 • Fax: +1(859) 977-7441
www.ibe.org

Please check appropriate box(es).

Full Registration

	Received on or before February 11, 2010	Received after February 11, 2010
Member	<input type="checkbox"/> \$455	<input type="checkbox"/> \$530
Non-Member	<input type="checkbox"/> \$580	<input type="checkbox"/> \$655
Student Member	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245
Student Non-Member	<input type="checkbox"/> \$235	<input type="checkbox"/> \$285

One-Day Registration - includes meals

Member	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230
Non-Member	<input type="checkbox"/> \$295	<input type="checkbox"/> \$295
Student Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
Student Non-Member	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120

Special Events

Tour - TBD	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15
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Guest Registration – meal functions only

Saturday Awards Banquet	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65
Friday and Saturday Meal Functions	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225

PAYMENT TOTAL \$ _____

Payment Information

Check Bill Me PO# _____
 (Payable to Institute of Biological Engineering in U.S. dollars drawn on a U.S. bank.)
 MasterCard VISA American Express
 Name (as it appears on card) _____
 Card # _____
 Expiration Date _____
 Cardholder Signature _____
 Security Code _____
 (The security code is a security feature added to Visa, MasterCard, and American Express credit cards. For your protection, we ask for this code to prevent unauthorized use of your credit card number. The security code is 3 digits for Visa or MasterCard and 4 digits for American Express.)

Billing Address

Address _____
 City _____ State _____ Postal Code _____
 Country _____

FOR INTERNAL USE:

Registered Membership Status Updated Order(s) Closed Notes