

**10th IEEE International Conference on Bioinformatics & Bioengineering
(BIBE 2010)**

Thomas Jefferson University, Philadelphia, PA, USA
May 31, 2010 - June 3, 2010

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 Papers that are received without registration and payment will not be published in the Proceedings.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 a multi-authored paper, regular registration is required by 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 April 09, 2010.

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 # _____

For accepted-paper author only:

Paper Submission Number: _____

Paper Title: _____

Registration Fee (all in US Dollars)

Delegate Type	Author Registration (by April 09 , 2010)	Early Registration (by April 09 , 2010)	Late/On-site Registration (after April 09 , 2010)
Regular (non-IEEE Member)	\$650	\$650	\$750
Regular (IEEE Member)	\$550	\$650	\$750
Student (non-IEEE Member)	\$350	\$350	\$400
Student (IEEE Member)	\$300	\$350	\$400
Tutorials & Workshops (if registered for conference)	\$50/session	\$50/session	\$50/session
Tutorials & Workshops (if not registered for conference)	\$200/session	\$200/session	\$200/session

My Registration Fee: _____

Extra-page charges: _____ (\$150 per page)
Accepted Papers: up to 4 extra pages

Total: US\$ _____

Payment must be remitted by check or credit card in US currency only, payable to BIBE 2010.
 Please send this registration form along with payment to:

Dr. Nikolaos Bourbakis	Tel: 937-775-5138
ATR Center	Fax: 937-775-5127
477 Joshi Center	Email: nikolaos.bourbakis@wright.edu
Wright State University	
3640 Colonel Glenn Highway	
Dayton, OH 45435	

This Registration Form can be sent by Fax or Email (see above).

To pay by credit card, please supply the following information. Fax and e-mail 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 the Credit Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____ Date: _____