

SUBSTITUTION/ABSENTEE REQUEST FORM Engineering in Medicine and Biology Conferences



Date Submitted:		
Conference Name: Inte	ernational	Conference on Engineering in Medicine & Biology (EMBC'17)
Corresponding Author Deta	ails	NAME:
	PIN:	
	-	
Email	l Address:	
Only co-authors are eligible	0 26 2	1. Yes, the name of my substitute is:
substitution in the event the		1. Tes, the name of my substitute is:
corresponding author is unable to		He/she is a confirmed registrant and is aware he/she is presenting on my behalf (PIN)
attend.		
		2. No, no one will present my work (signature) *
XPLO comr	ORE proceed mittee and	a medical emergency or a Visa/travel issue, I understand my paper or poster will not be allowed in the lings, and I will not be permitted to submit another paper for 2 years. All requests will be reviewed by the the author will be notified to the status of their request. Official documentation must be sent with this days after the conference.
Danar Dataila	Danar ID.	
Paper Details	Paper ID:	
	Authors:	
	l	
Pa	aper Title:	
Detailed reason you are unable to attend (please attach/send official documentation with this form):		
Conference Registration Inf	formation	
I hav	ve complet	ed a registration payment to attend the conference.
		pleted a registration payment to attend the conference.
If this is a Visa issue, you ma	ay be eligib	ole for a partial refund if you supply the needed back-up.
I wo	uld like to	still have my 4 page paper published and I understand that I will not receive a refund.
I am	not intere	sted in having my 4 page paper published and would like to receive a partial refund.
		Please submit this form via email to j.sandler@ieee.org
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Form Received on	-	Proceeding Sent
Informed Timely	-	Registration Refunded
Action Taken	-	Contributing author paid registration