



XXIX INTERNATIONAL BIOMETRIC CONFERENCE

Barcelona, 8-13 July, 2018



International Biometric Society (IBS)

2018 International Biometric Conference (IBC2018) Registration Form

Fax: Complete registration form, and fax to: 1+202-216-9646 or email: conference@biometricsociety.org

Mail: IBS, 1120 20th Street, NW, Suite 750, Washington, DC 20036-3441, USA

Registration for IBC2018 is open to both members and non-members. An individual may register for a Short Course only, or register for the full conference and add a Short Course. All fees quoted are in US Dollars (USD).

Attendee Profile / Registration Information

If your name includes special characters, please copy and paste into text box.

First Name: _____ Surname: _____

Representing Institution or Company Name: _____

Address 1: _____ Address 2: _____

City: _____ State/Province: _____ Zip: _____

Country: _____

Telephone: _____ Email (to confirm your registration): _____

Assistance needed for Disability: Yes No Please note any mobility requirements: _____

Dietary restrictions: Vegetarian Kosher Gluten Free Other: _____

Please select all that apply:

Are you a first time attendee?: Yes No

Are you a student currently enrolled in a university program?: Yes No

Do you live and work in a Developing Country (DC) as defined by the [The World Bank](#)?: Yes No

Are you a member of the IBS, either directly or through an International Region?: Member Non-member

If you are a Regional Member, please indicate the name of your Region: _____

I have submitted an abstract for the Contributed Sessions. Yes, Abstract ID number _____ No

I have submitted an abstract for the Invited Sessions. Yes, Abstract ID number _____ No

I am the recipient of the 2018 IBS travel award grant. Yes No

I am a Short Course or Invited Session Presenter. Yes No

Full Conference Registration

Includes coffee/tea breaks, the opening welcome reception, and all sessions / abstracts of all presentations.

Registration fees also include some lunches.

| Registration Fees | | Early Bird by April 16 | April 17-May 31 | After May 31 |
|-------------------|-------------------|-----------------------------------|-----------------------------------|-------------------------------------|
| Member | Regular | <input type="checkbox"/> \$575.00 | <input type="checkbox"/> \$685.00 | <input type="checkbox"/> \$870.00 |
| | DC Regular | <input type="checkbox"/> \$215.00 | <input type="checkbox"/> \$325.00 | <input type="checkbox"/> \$420.00 |
| | Student | <input type="checkbox"/> \$190.00 | <input type="checkbox"/> \$230.00 | <input type="checkbox"/> \$390.00 |
| | DC Student | <input type="checkbox"/> \$150.00 | <input type="checkbox"/> \$190.00 | <input type="checkbox"/> \$300.00 |
| Non-member | Regular | <input type="checkbox"/> \$755.00 | <input type="checkbox"/> \$905.00 | <input type="checkbox"/> \$1,010.00 |
| | DC Regular | <input type="checkbox"/> \$305.00 | <input type="checkbox"/> \$425.00 | <input type="checkbox"/> \$520.00 |
| | Student | <input type="checkbox"/> \$290.00 | <input type="checkbox"/> \$330.00 | <input type="checkbox"/> \$480.00 |
| | DC Student | <input type="checkbox"/> \$190.00 | <input type="checkbox"/> \$230.00 | <input type="checkbox"/> \$330.00 |

Short Course Registration

Short Course registration requires an additional fee and is not included in the IBC registration.

All courses are full day courses, held on Sunday, 8 July (9:00 AM – 5:00 PM.) **All Short Course information can be found [here](#).**

Select only one Short Course:

- Course #1: Mediation Analysis Using R
- Course #2: Multivariate Dimension Reduction for Biological Data Integration
- Course #3: The Analysis of Interval-Censored Observations
- Course #4: Network Meta-Analysis with R
- Course #5: Compositional Data Analysis (CoDa Course)

Short Course Registration Fees

Registration fee includes lunch, coffee/tea breaks, and notes provided by the instructor. Developing Country (DC) Rates may apply.

| Full-day Course | By April 16 | After April 16 |
|--|-----------------------------------|-----------------------------------|
| IBS Member | <input type="checkbox"/> \$250.00 | <input type="checkbox"/> \$350.00 |
| IBS Developing Country Member | <input type="checkbox"/> \$80.00 | <input type="checkbox"/> \$80.00 |
| IBS Non-Member | <input type="checkbox"/> \$350.00 | <input type="checkbox"/> \$450.00 |
| IBS Developing Country Non-Member | <input type="checkbox"/> \$150.00 | <input type="checkbox"/> \$150.00 |
| Student | <input type="checkbox"/> \$125.00 | <input type="checkbox"/> \$200.00 |
| Total Short Course Fees: \$ _____ | | |

Add Additional Items

Accompanying Person / Guest Registration

Allows attendance only to the opening welcome reception, coffee breaks and exhibit area.

\$110.00 Name of accompanying person: _____ Total \$ _____

GALA Dinner Thursday, 12 July

Number of tickets _____ @ \$75.00 USD Total \$ _____

Registrants will have an opportunity to sign up for local tours / excursions through our conference management. Visit the IBC website for the latest information on tours and availability.

Conference Totals

Total Conference Fees \$ _____

Total Additional Item Fees \$ _____

Total Short Course Fees \$ _____

Grand Total in USD \$ _____

Cancellation Policy

If you cancel your IBC or Short Course registration, a written request (by email) for a registration or Short Course fee refund must be received by IBS by 11:59 PM EST on 2 June 2018. Refunds will be issued less a 30% processing fee. After 2 June, requests for refunds will be reviewed on a case-by-case basis. Refunds may also be extended due to acts of nature and national emergencies. In the event of a 'no-show' cancellation, no refund will be issued. The IBS reserves the right to cancel any short course and return all fees in the event of insufficient registration. The IBS will not be responsible for any losses incurred by the registrants, including but not limited to airline cancellation charges or hotel deposits.

By registering, you agree to the cancellation policy.

Payment Method

IBS requires pre-payment in order to process your registration.

Pay by Check

Check # _____

I will be sending a check or money order made payable to:

International Biometric Society
1120 20th Street, NW, Suite 750
Washington, DC 20036-3441
USA

You must include a copy of this registration form with your check payment in order to receive a registration confirmation.

I will require a pro-forma invoice to submit to my institution or company. Please allow up to 5 business days to receive.

Email invoice to: _____

Invoice addressed as or billed to: _____

Pay by Wire Transfer in US Dollars

Banking Information for Wire Transfers:

Bank: MB Financial Bank, NA

Account: 185-000-1473

Routing (ABA): 071-001-737

Swift Code (not connected): MBFIUS44

Account Name: International Biometric Society

Beneficiary Address: 1120 20th Street, NW, Suite 750, Washington, DC 20036-3441

IBS Phone Number: ++202-712-9049 Fax: ++202-216-9646

Please Reference IBC2018 and Attendee's First and Last Name in Transfer

Notes: _____

Once registration is processed by the International Business Office (IBO), you will receive a confirmation by email.

Pay by Credit Card:

Visa MasterCard American Express

Name on Card: _____

Credit Card # _____ Exp. Date: _____ CVC Code: _____

Card Billing Address: _____

Signature: _____ Date: _____ Total Enclosed in USD \$: _____

International Biometric Society Federal Tax ID# 86-6053027

Mail, fax or email this form with payment to:

International Biometric Society
1120 20th Street, NW, Suite 750
Washington, DC 20036-3441, USA

Email: conference@biometricsociety.org