



XXVIIIth International Biometric Conference

VICTORIA CONVENTION CENTRE, JULY 10 – 15, 2016



International Biometric Society (IBS)
2016 International Biometric Conference (IBC2016) Registration Form
Fax: Complete registration form, and fax to: 1+202-216-9646.
Mail: IBS, 1444 I (eye) Street, NW, Suite 700, Washington, DC 20005

Registration for the *IBC2016* is open to both members and non-members. An individual may register for the full conference and short courses using this form. One registration per form.

Attendee Profile Registration Information

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

First Name: _____ Surname: _____

Degree: _____

Title: _____

Organization/University Name: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____

Telephone: _____ Email (for registration confirmation): _____

Do you have special access needs? (Please describe.): _____

Please select all that apply:

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

If you're a Regional Member, please indicate the name of your Region.: _____

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 as defined by [The World Bank](#)?: Yes No

Are you a short course or invited session presenter?: Yes No (Member rate applies.)

Full Conference Registration

Registration includes coffee/tea breaks, opening reception and abstracts of all presentations. Registration fee **does not** include lunches. All registration fees are in US Dollars.

Registration Fees		Early Bird by April 15	April 16-June 1	After June 1
Member	Regular	<input type="radio"/> \$550.00	<input type="radio"/> \$660.00	<input type="radio"/> \$850.00
	DC Regular	<input type="radio"/> \$190.00	<input type="radio"/> \$300.00	<input type="radio"/> \$400.00
	Student	<input type="radio"/> \$180.00	<input type="radio"/> \$220.00	<input type="radio"/> \$370.00
	DC Student	<input type="radio"/> \$140.00	<input type="radio"/> \$180.00	<input type="radio"/> \$280.00
Non-member	Regular	<input type="radio"/> \$730.00	<input type="radio"/> \$880.00	<input type="radio"/> \$990.00
	DC Regular	<input type="radio"/> \$280.00	<input type="radio"/> \$400.00	<input type="radio"/> \$500.00
	Student	<input type="radio"/> \$280.00	<input type="radio"/> \$320.00	<input type="radio"/> \$470.00
	DC Student	<input type="radio"/> \$180.00	<input type="radio"/> \$220.00	<input type="radio"/> \$320.00

Short Course Registration

Short course registration is an additional fee.

All courses are full-day courses, held on Sunday, 10 July (9:00 AM – 5:00 PM). **Complete course descriptions are accessible [here](#).**

Select one short course: only one course can be selected per attendee.

Course #1: Analysis of life history data with multistate models

Presenters: Richard Cook and Jerry Lawless

Course #2: An introduction to the joint modelling of longitudinal and survival data

Presenter: Dimitris Rizopoulos

Course #3: A statistical approach to machine learning

Presenters: Andreas Ziegler and Marvin Wright

Course #4: Design of complex experiments

Presenters: Andrew Mead and Steven Gilmour

Short Course Registration Fees

Registration fee includes lunch, coffee/tea breaks and any handouts provided by the instructor(s).

Full-day Course	By April 15	After April 15
IBS Member	<input type="radio"/> \$250.00	<input type="radio"/> \$350.00
IBS DC Member	<input type="radio"/> \$80.00	<input type="radio"/> \$80.00
IBS Non-member	<input type="radio"/> \$350.00	<input type="radio"/> \$450.00
IBS DC Non-member	<input type="radio"/> \$150.00	<input type="radio"/> \$150.00
Student	<input type="radio"/> \$125.00	<input type="radio"/> \$200.00
		Total Short Course Fees: \$ _____

Optional Items

Accompanying Person Registration

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

\$100.00 each; Number of tickets: _____

Total \$ _____

Name of accompanying person: _____

Gala Night at Museum

Held at BC Royal Museum on Thursday, 14 July (6:00 PM - 9:00 PM)

\$75.00 each; Number of tickets: _____

Total \$ _____

Donation to IBS Education Fund:

Total \$ _____

Donation to IBS Travel Award Fund:

Total \$ _____

Conference Totals

Total Conference Fees \$ _____

Total Short Course Fees \$ _____

Total Optional Item Fees \$ _____

Grand Total \$ _____

Cancellation Policy

All cancellations must be received in writing to the IBO via email. A refund less a 30% processing fee per registration will be issued if received by 11:59 PM EDT on Thursday 30 June 2016. Due to financial obligations incurred by IBS, cancellations received after 30 June 2016 will be reviewed on a case-by-case basis and may not be eligible for a refund. Refunds may be extended for acts of nature and national emergencies. In the event of a 'no-show' cancellation, no refunds will be issued. The IBS reserves the right to cancel any short course and return all fees in the event of insufficient registrations. Additionally, IBS reserves the right to cancel due to unforeseen circumstances. IBS will not be responsible for any losses incurred by the registrations, including, but not limited to airline cancellation charges or hotel deposits. Exhibitors: 50% refund if received on or before 1 March 2016. After 2 March 2016 exhibitor registration is non-refundable. By registering, you agree to the cancellation policy. All refunds will be processed after the IBC.

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
1444 I (eye) Street, NW, Suite 700
Washington, DC 20005-2210
USA

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

Pay by Wire Transfer in US Dollars

Banking Information for Wire Transfers:

Bank: American Chartered Bank

Location: 1199 E. Higgins Rd., Schaumburg, IL 60173

Account #: 1286733

Routing #: 071-925-046

Swift Code (not connected): AMCDUS41

Account Name: International Biometric Society

Beneficiary Address: 1444 I Street, NW, Suite 700, Washington, DC 20005, USA

IBS Phone Number: 1+202-712-9049 Fax: 1+202-216-9646

Please reference conference attendee's name: _____

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 or fax this form with payment to:
International Biometric Society
1444 I (eye) Street, NW, Suite 700
Washington, DC 20005-2210
USA