SUBSTITUTION/ABSENTEE REQUEST FORM
Engineering in Medicine and Biology Conferences

Date Submitted: _____

Conference Name: IEEE-NIH 2016 Special Topics Conference on Healthcare Innovations and Point of Care Technologies

Corresponding Author Details

NAME: _____

PIN: _____

Email Address: _____

Only co-authors are eligible as a substitution in the event the corresponding author is unable to attend.

1. Yes, the name of my substitute is:_____

He/she is a confirmed registrant and is aware he/she is presenting on my behalf (PIN)_____

2. No, no one will present my work (signature) *_____

NOTE: * Unless there is a medical emergency or a Visa/travel issue, I understand my paper or poster will not be submitted allowed in the XPLORE proceedings, and I will not be permitted to submit another paper for 2 years. **All requests will be reviewed by the committee and the author will be notified to the status of their request. Official documentation must be sent with this form or within 5 days after the conference.**

Paper Details

Paper ID: _____

Authors: _____

Paper Title: _____

Detailed reason you are unable to attend (please attach/send official documentation with this form):

Conference Registration Information

☐ I have completed a registration payment to attend the conference.

☐ I have **not** completed a registration payment to attend the conference.

If this is a Visa issue, you may be eligible for a partial refund.

☐ I would like to receive a copy of the proceedings and I understand that I will not receive a refund. Please list your address where we can mail a copy of the proceedings to.

☐ I am not interested in receiving a copy of the proceedings and would like to receive a refund.

Please submit this form via email to emb-conferences@ieee.org

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Form Received on _____ Proceeding Sent _____

Informed Timely _____ Registration Refunded _____

Action Taken _____ Contributing author paid registration _____