SUBSTITUTION/ABSENTEE REQUEST FORM
Engineering in Medicine and Biology Conferences

Date Submitted: _____

Conference Name: Neural Engineering May 25-28, 2017 (NER2017)

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 that 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.

☐ 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 j.sandler@ieee.org

For office use only

Form Received on _____ Proceeding Sent _____

Informed Timely _____ Registration Refunded _____

Action Taken _____ Contributing author paid registration