

ICBN 2008

REGISTRATION FORM

International Conference on Bioengineering and Nanotechnology

Dublin, Ireland • July 22-24, 2008 • www.aiche.org/ICBN

CHOOSE FROM 3 EASY WAYS TO REGISTER:

ONLINE: Visit www.aiche.org/ICBN

MAIL/FAX: Download printer-friendly PDF version of registration form at www.aiche.org/ICBN and Fax it to 203-775-5177 or Mail to SBE, PO Box 5169, Brookfield, CT 06804-5169

PHONE: Call toll-free 1-800-242-4363 or 001-203-702-7660 internationally.

HOTEL/DORM ACCOMMODATIONS:

Conference fees include registration, room, lunches, 2 receptions, 1 dinner, and coffee breaks from Tuesday morning through Thursday lunch. Rooms for professionals are at the Stillorgan Hotel. Students will stay in suites at the University College of Dublin. Accommodations are from July 21 to 24.

Confirmation: All registrations received by **June 22, 2008** will be confirmed by mail

Cancellation Policy: Cancellations must be submitted in writing postmarked by July 1 to receive a full refund minus \$100 processing fee.

ATTENDEE INFORMATION (please print clearly):

Name: _____
First MI Last

Title: _____

Company or University: _____

Street: _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Guest/Roommate Name, if Applicable: _____

Dietary or Other Considerations: _____

CONFERENCE REGISTRATION FEES — Early-bird registration rates apply through June 1, 2008.

(Please check box)	Early Bird	Regular
SBE or NSEF Members		
<input type="checkbox"/> Student*	\$950	\$1,090
<input type="checkbox"/> Professional**	\$1,450	\$1,590
<input type="checkbox"/> Local Student	\$575	\$715
<input type="checkbox"/> Local Professional 3day/1day	\$750/\$300	\$890/\$400
Non-Members		
<input type="checkbox"/> Student*/Local Student	\$1050/\$675	\$1190/\$815
<input type="checkbox"/> Professional**	\$1,550	\$1,690
<input type="checkbox"/> Local Professional 3day/1day	\$850/\$300	\$990/\$400
<input type="checkbox"/> Guest sharing room	\$200	\$250

*sharing suite with other participants ** single occupancy or sharing room with a non-participating guest
Local fees do not include accommodations.

Lower Your Registration Costs, Become an SBE Member:

☐ Yes, I want to be an SBE member. Please enroll me.

Select membership category:

☐ AIChE Professional Member\$10

☐ Undergraduate Student MemberFREE

☐ Graduate Student Member.....\$25

☐ Member.....\$75

☐ Become an NSEF member\$10

PAYMENT INFORMATION

☐ Mastercard ☐ Visa ☐ American Express ☐ Diners Club ☐ Discover ☐ Check or Money Order

Cardholder's Name: _____

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

Alternate billing options such as direct invoicing or wire transfer can be arranged upon request by emailing us at bio@aiiche.org.

SUMMARY OF CHARGES

Total Registration Fees: \$ _____

SBE/NSEF Membership \$ _____

Payment Enclosed: \$ _____