### 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 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 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:**

### Conference Registration Information

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