



SUBSTITUTION/ABSENTEE REQUEST FORM
Engineering in Medicine and Biology Conferences



Date Submitted: _____
Conference Name: Body Sensor Networks Conference 2017 (BSN'17)

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 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 if you supply the needed back-up.

I would like to still have my 6 page paper published and I understand that I will not receive a refund.
 I am not interested in having my 6 page paper published and would like to receive a partial refund.

Please submit this form via email to embs-events@ieee.org

For office use only

Form Received on _____	Proceeding Sent _____
Informed Timely _____	Registration Refunded _____
Action Taken _____	Contributing author paid registration _____

