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| **unimapIcoBE Logo - variant**  **CONFERENCE REGISTRATION FORM**  **2012 International Conference on Biomedical Engineering – (ICoBE)**  **(*Exploring Recent Trends in Biomedical Engineering Systems and Technologies*)**  **Bay View Beach Resort, Penang, Malaysia**  **Organized by**  **School of Mechatronic Engineering,**  **Universiti Malaysia Perlis (UniMAP), Perlis, Malaysia**  **Tutorials: 26th February, 2012**  **Conference: 27-28, February 2012** |
| ***Please complete this form and return it by e-mail, regular mail or fax.***  ***Please note that this is how you will be indicated on your badge and in the list of participants.***  **Participant’s information**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: □Prof. □ Dr. □ Mr. □ Ms. □ Mrs. □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation: Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Paper to be presented:**  **Paper Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Paper Reference Number: \_\_\_  **Tutorial Title/s (Please put a √ on your choice. Each tutorial charges RM200 / USD70):**   * **Advances in data mining in biomedical signaling, imaging, and systems**   (Dr. U. Rajendra Acharya, PhD, DEng, Singapore)   * **Biomechanical Analysis and Experimental Methods for Joint Replacement**   (Dr. Sanjay Gupta, PhD, India)  **Payment Information**  Paper Registration fee: **MYR/USD** \_\_\_\_\_\_\_\_  Tutorial Registration Fee **MYR/USD \_\_\_\_\_\_\_\_**  **Total amount: MYR/USD \_\_\_\_\_\_\_\_**  **My payment is\*:**  □ By cheque (for local participant only):  (i) Cheque No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (ii) Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (iii) Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| □ By bank draft (For local & International participants both):   1. Bank Draft No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   (ii)Issuing Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (iii) Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ By WIRE TRANSFER\*\* (Telegraphic Transfer) (For local & International participants both):   1. Reference No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Issuing Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   (iii) Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I will participate at the conference/Banquet dinner on February 27, 2012:** □ **Yes** □ **No**  ***\*****Please state full name of the participant on the back side of the bank draft or cheque. Cheque / bank draft must be made payable to* ***Bendahari Universiti Malaysia Perlis****. For foreign participants, please submit proof of payment through email or fax before deadline. Currency exchange or bank collection fees are the responsibility of the participant. \*\*The details for the wire transfer are:*  Account Name: **Universiti Malaysia Perlis** Account no: **09010001234710** Bank Name: **Bank Muamalat Malaysia Bhd.** Swift Code: **BMMBMYKL** City: **KANGAR**  State/Country: **Perlis/Malaysia**  Post Code: **01000**  Bank’s Full Address: **Bank Muamalat Malaysia Bhd.,** **Kangar Branch,** **No. 11& 13, Bangunan PKENPs,** **Jalan Bukit Lagi, 01000 Kangar,** **Perlis, Malaysia**  **Additional Information**  If you face any problem regarding registration, please contact the conference secretariat immediately by email given **(icobe.unimap@gmail.com /icobe@unimap.edu.my**).  **Payment Information**: Registration form must be accompanied by full payment in order to be processed. Incorrect information i.e. wrong participant name will be considered non payment and, therefore, registration will not take place. Registration will not be accepted by telephone. **Papers without registration fee will not be included in the conference proceeding**. Please note that accommodation cost is not included in the conference registration fee.  **Refund policy:** Under no circumstances registration fee will be refunded. The conference committee maintains no-refund-policy. However, in an event that may cause the participant not being able to attend the conference, a substitute is allowed. However, in such a case inform the matter in writing to the conference secretariat on or before 25 January, 2012.  By signing and sending this registration form, I have taken notice of the **cancellation/refund terms** mentioned in this form.  **Registration Fee**  Registration fees includes CD Proceedings, Abstract Book, Banquet Dinner **(Students excluded)**, Lunches and Coffee Break.  Full time Students must enclose a **bonafide certificate** from Dean/Principal of respective Schools/Departments/Colleges or Universities  Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |