



XXVIIIth International Biometric Conference
VICTORIA CONVENTION CENTRE, JULY 10 – 15, 2016



DISBURSEMENT OF FUNDS FORM

Travel Awards Disbursement of Funds for IBC2016

First Name: _____ Surname: _____

Degree: _____

Title: _____

Organization/University Name: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____

Telephone: _____ Email: _____

Registration

My IBC registration form is attached.

Lodging

I understand that I will need to book my own hotel lodging and save all receipts in order to submit after the conference.

Flight

I have booked my flight.

Arrival location (city), date and time _____

Departure location (city), date and time _____

Wire Transfer Information

Name of Financial Banking Institution _____

Financial Institution Address _____

City _____ Country _____ Postal Code _____

Bank Identifier Code or SWIFT code _____

Routing Number _____ Account Number _____

Bank Telephone Number _____

Amount to be wired less registration fee where applicable (in USD):\$ _____

International Biometric Society
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