Advance Registration Application

ISMRM Twelfth Scientific Meeting and Exhibition, Kyoto, Japan, 15 - 21 May, 2004

SMRT 13th Annual Meeting, 14 - 16 May 2004

DEADLINE FOR ADVANCE REGISTRATION IS 2 APRIL 2004. ON-SITE FEES WILL BE CHARGED AFTER THIS DATE.

1. REGISTRATION INFORMATION

Honorific (circle): Dr. Prof. Mr. Ms. Mrs. Other _____

◯ M.D. ◯ Ph.D.

Family Name | First/Given Name | Middle | Degree

Institution, City, State/Province, Country (as you wish them to appear on name badge)

Complete Mailing Address

City | State/Province | Zip+4/Postal Code | Country

Telephone | Fax | E-mail Address

√ Is this a new address? ◯ Yes ◯ No

√ Are you a member of ISMRM or SMRT? ◯ Yes ◯ No ◯ My application is attached

√ Have you included verification of student status? ◯ Yes ◯ No

√ Check here if you are disabled and require assistance. ◯ Yes

√ Please send me an invitation letter for purposes of obtaining a visa. ◯ Yes

2. REGISTRATION FEE

Please register me for the following program (please enter code from page 30, name of program, and fee):

US$

3-DIGIT CODE | PROGRAM TITLE | FEE

If your ISMRM registration includes the **Weekend Educational Programs** you may attend any weekend educational course of your choice. Please indicate (at right) the educational course(s) you plan to attend. Please check all that apply:

◯ Advanced Body MRI
◯ Brain Function and fMRI
◯ Cardiac MRI
◯ MR Physics for Physicists
◯ MR of Transgenic Mouse Models (MR Omics)
◯ MR Spectroscopy: Basics and Clinical Applications
◯ MR Spectroscopy: Frontier Methodology and Applications
◯ Musculoskeletal MRI
◯ Neuroimaging
◯ RF Bootcamp: Essentials of RF Coil Design, Construction and Interface

Registration will not be processed without payment.
Keep a copy for your records. FEIN # 23-2722507

3. PAYMENT OPTIONS

◯ CHECK enclosed (personal, bank, institution in US$ only). Make checks payable to:
International Society for Magnetic Resonance in Medicine or **ISMRM**

Mail this form with your check to: **ISMRM, P.O. Box 45690, San Francisco, CA 94145-0690, USA**

◯ CREDIT CARD payment can be made by mail, phone: +1 510 841 1899, fax: +1 510 841 2340, or online at: www.ismrm.org.

Please charge registration fees to my: ◯ VISA ◯ MasterCard ◯ AMEX (No other credit cards will be accepted).

US$

Card Number | Expiration Date (Required) | TOTAL PAYMENT AMOUNT

Cardholder Name (Print clearly) | Signature of Cardholder (Required)

Billing Street Address (Required) | Billing Zip+4/Postal Code (Required)