



2006 Exhibitor
Exhibitor Personnel Badge Order Form

DEADLINE: 31 MARCH 2006

BADGE MAILING INFORMATION:

Official Representative Name: _____

Company Name: _____

Address: _____

City _____ State _____ Country _____ Postal Code _____

Telephone: _____ Fax: _____

E-mail Address: _____

Company Name EXACTLY as you wish it to appear on badge:

**IMPORTANT: On-Site Registration will require an additional fee of US\$20.00.
Replacement badges will also cost US\$20.00.**

ATTENDEE NAME COMPANY NAME COMPANY LOCATION

SAMPLE BADGE

Signature of Official Representative

Please fax or mail completed forms to:

Katie Simmons
Meetings Department
International Society for Magnetic Resonance in Medicine
2118 Milvia Street, Suite 201
Berkeley, CA 94704 USA

Phone: +1 (510) 841-1899
Fax: +1 (510) 841-2340

(CONTINUED ON NEXT PAGE)

