

**Please complete both pages**

- ☐ **HOLD all badges for onsite pick up**  
- OR -  
☐ **MAIL all badges to the address below (with exceptions as indicated on page 2):**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State/province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Company name EXACTLY as it should appear on badge:**

\_\_\_\_\_

**IMPORTANT: Onsite registration and replacement badges require an additional fee of US\$20.00.**

ATTENDEE NAME COMPANY NAME COMPANY LOCATION

SAMPLE BADGE

\_\_\_\_\_  
Signature of Official Representative

**Please fax or mail completed forms to:**

Alli Novak, Meetings Department  
International Society for Magnetic Resonance in Medicine  
2030 Addison Street, Suite 700, Berkeley, CA 94704 USA

Phone: +1 (510) 841-1899

Fax: +1 (510) 841-2340

Email: [Allison@ismrm.org](mailto:Allison@ismrm.org)

**- CONTINUED ON THE NEXT PAGE -**

## 2008 Exhibitor

Exhibitor Registration Form (Page 2 of 2) DEADLINE: 21 March 2008

- 1) Please type or print legibly.
- 2) Include individual names and locations exactly as they should appear on badges. **Note: State and Province names will not be printed on the badge.**
- 3) Include names of set-up and dismantle personnel as badges will be mailed prior to the meeting.
- 4) Badges will be mailed to the Official Representative by 9 April 2008, unless onsite pick up is requested

[illegible]