



25th Annual Meeting
 & Exhibition • 22–27 April 2017
 SMRT 26th Annual Meeting • 22–24 April 2017
HONOLULU, HI, USA
 www.ismrm.org • www.smrt.org

REGISTER BY 14 MARCH 2017 AND SAVE ON FEES
 BOOK HOUSING BY 21 MARCH 2017 FOR BEST RATES



REGISTRATION FORM 2017

Return form to: ISMRM, P.O. Box 45690, San Francisco, CA 94145-0690, USA
 Fax: +1 510 841 2340

Register by 14 March 2017 and Save!
 Register online: www.ismrm.org/17

STEP 1: MEETING BADGE INFORMATION Meeting materials will NOT be mailed. Badges and materials will be available at the pre-registration counter in Honolulu.

HONORIFIC: M.D., M.D. Cand., Ph.D., Ph.D. Cand., Professor, Other: _____ Professional Classification: Clinical Science Basic Science
 Male Female Date of Birth: (optional) _____ ISMRM/SMRT MEMBER # _____
 Family Name: _____ First/Given Name: _____ Middle Name: _____
 National Provider ID #: (USA MDs only) _____ Institution: _____
 City/State/Province/Country: _____

STEP 2: MAILING/CONTACT INFORMATION

This address is for Work Home Is this new contact information? Yes No
 Street Address: _____ City: _____
 State/Province: _____ Postal/Zip Code: _____ Country: _____
 Phone: _____ Fax: _____ Email: _____

The ISMRM makes its attendee list available to our exhibitors prior to the meeting. If you DO NOT wish to be included, check here:

STEP 3: TRAINEE VERIFICATION (Required for all trainees, post docs and technologists who are registering as non-members)

Supervisor's Name: _____ Institution Name: _____
 Supervisor's Phone: _____ Supervisor's E-mail: _____

STEP 4: ATTENDANCE INFORMATION: Is this your first time at an ISMRM or SMRT Annual Meeting? YES NO

How did you hear about this meeting?
 ABSTRACT PRESENTER ASSOCIATE/COLLEAGUE BROCHURE EMAIL JOURNAL AD ISMRM/SMRT WEBSITE OTHER: _____
 I have a special dietary requirement. Please explain any special dietary requirements: _____

I have a disability & require assistance. Send me an invitation letter for the purpose of obtaining a visa.

STEP 5: PROGRAM OPTIONS AND FEES (Register by 14 March 2017 and save!)

Program Options: PLEASE CHECK ONE BOX				
Six-Day Program fees include access to the online Proceedings, an enhanced itinerary builder, mobile applications and a Program-at-a-Glance.				
Program Options	ISMRM Member Fee	ISMRM Non-Member Fee	ISMRM Trainee, Associate & Emeritus Member Fee	Trainee Non-Member Fee *Supervisor's information required
ISMRM 6-Day Program 22-27 April 2017	<input type="checkbox"/> US \$1050 After 14 March: <input type="checkbox"/> US \$1155	<input type="checkbox"/> US \$1660 After 14 March: <input type="checkbox"/> US \$1760	<input type="checkbox"/> US \$475 After 14 March: <input type="checkbox"/> US \$575	<input type="checkbox"/> US \$740 After 14 March: <input type="checkbox"/> US \$845

STEP 6: CONFIRM YOUR REGISTRATION FEE: TOTAL FEE: US \$ _____

STEP 7: PAYMENT INFORMATION: To pay by credit card, please complete below: Visa MasterCard American Express Discover

Cardholder's Name: (Required) _____
 Credit Card #: (Required) _____ Expiration Date: (Required) _____
 Cardholder Signature: (Required) _____ Credit Card Security Code: (Required) _____
 Billing Address: (Required) _____ Billing Zip/Postal Code: (Required) _____

Refunds/Cancellations: To cancel registration, you must request a refund in writing by 21 March 2017. Refunds will be subjected to a 20% cancellation fee. Refunds will not be granted for cancellation after this date. NO ATTENDEE MAY SUBSTITUTE FOR ANOTHER. Absolutely no exceptions will be made.